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ABSTRACT

This bulletin reviews recent fertility-related trends in the nine Eastern European socialist countries where official policy is explicitly pronatalist to varying degrees in all but Yugoslavia. That fertility was generally higher here than in Western Europe in the mid-1970s is credited to pronatalist measures undertaken when fertility fell below replacement level after abortion was liberalized in all but Albania, following the 1955 lead of the USSR. Fertility did rise where access to abortion was again restricted and/or economic incentives such as paid maternity leave were substantially increased. However, subsequent declines in Bulgaria, Czechoslovakia, Hungary, and Romania suggest that policy-induced upturns in fertility are short-lived. Couples quickly adjust to abortion restrictions by practicing more efficient contraception or resorting to illegal abortion. It is evident that the region's low birth rates are still achieved mainly with abortion. Although cash incentives appear to have advanced the timing of first and second births, the incentives need to be increased regularly. With the world's highest female employment rates, Eastern European women are unlikely to increase their fertility so long as men are reluctant to share domestic tasks. (Author/NE)

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Abstract—This *Bulletin* reviews recent fertility-related trends in the nine Eastern European socialist countries (including the USSR) where official policy is explicitly pronatalist to varying degrees in all but Yugoslavia. That fertility was generally higher here than in Western Europe in the mid-1970s is credited to pronatalist measures undertaken when fertility fell or threatened to fall below replacement level (2.1 births per woman) after abortion was liberalized in all but Albania, following the 1955 lead of the USSR. Fertility did rise where access to abortion was again restricted (mildly in Bulgaria, Czechoslovakia, and Hungary at various times, and severely in Romania in 1966) and/or economic incentives such as birth grants, paid maternity leave, family and child-care allowances, and low-interest loans to newlyweds were substantially increased (Bulgaria, Czechoslovakia, Hungary, and Poland to some extent, in the late 1960s and early 1970s, and the German Democratic Republic in 1976). However, subsequent declines in Bulgaria, Czechoslovakia, Hungary, and Romania suggest that policy-induced upturns in fertility are short-lived. Couples quickly adjust to abortion restrictions by practicing more efficient contraception or resorting to illegal abortion. Since withdrawal remains the main contraceptive method in all but the GDR and Hungary, it is evident that the region's low birth rates are still achieved mainly with abortion. Cash incentives appear to have advanced the timing of first and second births without substantially increasing the third births needed to keep national fertility above replacement level. The incentives can be costly and quickly lose their pronatalist effect if not increased regularly. With the world's highest female employment rates, Eastern European women are unlikely to increase their fertility so long as men are reluctant to share domestic tasks which are further complicated by continuing shortages of adequate housing and consumer goods and services.

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By Henry P. David

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Eastern European Socialist Countries



Eastern Europe: Pronatalist Policies and Private Behavior

By Henry P. David

Transnational Family Research
Institute
Bethesda, Maryland, U.S.A.

Dr. David is Director of the Transnational Family Research Institute, Bethesda, Maryland, and Associate Clinical Professor of Psychology in the Department of Psychiatry of the University of Maryland Medical School in Baltimore. He is also Consultant to the Joint Center for Studies of Health Programs, Institute of Social Medicine, University of Copenhagen, Denmark, and to the International Fertility Research Program, Chapel Hill, North Carolina. He received his Ph.D. in clinical psychology from Columbia University and is the author, co-author, or editor of 12 books and more than 200 other publications. Dr. David wrote Family Planning and Abortion in the Socialist Countries of Central and Eastern Europe, published by The Population Council in 1970, and in subsequent years coordinated cooperative projects in fertility behavior research in several of these countries.

This Population Bulletin is based on data presented in greater depth in Reproductive Behavior: Central and Eastern European Experience by H. P. David and R. J. McIntyre, published in October 1981 by the Springer Publishing Company (200 Park Avenue South, New York, NY 10003). The Springer monograph (416 pages) features topical overviews and detailed chapters on each of the nine socialist countries plus more than 1,000 references, including many obscure but valuable research resources with English language translations of titles. Dr. David is most grateful to his colleague Robert J. McIntyre for lending his expertise to their joint monograph, to the Ford Foundation for its continuing support, to Ursula Springer for her sharing of an ideal, to Jean van der Tak for her steadfast encouragement over many years, and to the many cooperating colleagues in the socialist countries who are cited in the Springer volume.

In the mid-1970s while fertility was plummeting below replacement level in most other industrialized countries, birth rates were stable or rising in several of the nine socialist countries of Central and Eastern Europe—the Soviet Union, Poland, Yugoslavia, Romania, the German Democratic Republic, Czechoslovakia, Hungary, Bulgaria, and Albania. Satisfied policymakers believed this trend to be the result of the successful application of pronatalist policies involving cash benefits to encourage couples to have children and restrictions on access to legal abortion. Thus, for other developed nations concerned about low birth rates, it is said, Eastern European experience could be a guide to how public policies might influence private reproductive behavior.

Some 15 years earlier, in the early 1960s, the European fertility picture had been the reverse. While much of North-western Europe was experiencing a mild baby boom, fertility was falling rapidly in several of the socialist countries, though not to levels as low as they now are in North and West Europe and in the United States. The fertility decline coincided with a wave of abortion liberalization. Ahead of most Western nations and following the lead of the Soviet Union where abortion was reliberalized in 1955, all the socialist countries except Albania passed laws permitting abortion on broad social grounds or on request, although full liberalization was delayed to 1972 in the German Democratic Republic. The subsequent surge in legal abortions was perceived as a direct, powerful cause of the unintended and unwelcomed fertility decline. Fearful of future labor shortages, aging populations, and even "national demographic suicide," policymakers responded with

active pronatalist measures in most of the socialist countries. Abortion was again restricted in four countries—drastically in Romania in 1966 and mildly in Czechoslovakia, Hungary, and Bulgaria at various times during the 1960s and early 1970s. Most of the nine countries introduced or stepped up pronatalist cash incentives such as lump-sum birth grants, paid maternity leave, monthly family and child-care allowances, and even low-interest loans for newlyweds which are progressively written off with the birth of each child.

By the early 1970s in Czechoslovakia, for example, 10 percent of the government's annual budget was being spent on direct payments to parents or potential parents plus indirect pronatalist incentives such as subsidies for nurseries, kindergartens, school meals, and children's transportation, and rent reductions for families in government housing. Official population policy is currently explicitly pronatalist to varying degrees in all of the socialist countries except for heterogeneous Yugoslavia—the first country in the world to incorporate into its federal constitution (in 1974) that "it is a human right to decide freely on childbirth."

Although these pronatalist policies are credited with producing the higher birth rates of at least several of the socialist countries during the 1970s, the latest data suggest that their impact may be short-lived. Fertility had turned down again by 1980 in Hungary, Bulgaria, and Czechoslovakia, and already in the late 1960s in Romania. Some observers suggest that the main impact of cash benefits paid to parents or prospective parents has been to encourage couples to have first and second births sooner than they otherwise would, without stimulating the resurgence in third and higher order births that would be necessary to ensure a marked upturn in population growth. Surveys show that, for the past decade and more, two children has been considered the ideal family size by the overwhelming majority of couples

in most socialist countries, as is now true in almost all developed countries. Unless pronatalist incentives are progressively increased to keep pace with rising living costs and rising expectations for more income to improve living standards, desired family size is not likely to increase beyond two children, and the actual achieved family size is likely to average out at less than two children per woman, that is, below the level necessary to ensure replacement of the population in the long run.

Counteracting the potential impact of pronatalist measures are many factors which tend to discourage couples from having more than one or two children. In line with socialist ideology which stresses the equality of women and men and the need for women's labor to boost economic growth, women's labor force participation is higher in most of these socialist countries than anywhere else in the developed world. But the equality which women have largely achieved in the job market and in education has not extended to domestic duties: women are still primarily responsible for child care, shopping, and all other household tasks. Their double burden is complicated by continuing shortages in child-care facilities, in services, and in consumer goods, as well as men's reluctance to share what are perceived as women's roles. Further deterrents to childbearing are the continuing shortage of adequate housing, the rising cost of such consumer goods as there are, and—in at least the Soviet Union and Poland in recent years—deteriorating living standards. Divorce rates have risen in all countries, except for Catholic-dominated Poland (and presumably in maverick, Muslim Albania). Sex education has increased in some of the countries, but in some—particularly in the USSR—attitudes toward sex remain prudish.

This *Bulletin* reviews recent trends in the nine countries of Central and Eastern Europe in fertility, abortion and contraception, pronatalist economic incentives, women's roles, and in marriage, divorce,

and attitudes toward sex. It is based, with permission, on the volume prepared by the *Bulletin's* author jointly with Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience*, published by Springer Publishing Company, in October 1981.* To set these issues in context, we begin with brief descriptions of each of the countries.

Similarities and Differences: The Background

The nine countries generally have in common the goals of a centrally managed economy (except for Yugoslavia), a one-party political system, and the sometimes submerged but seldom forgotten socialist ideal of the social and political equality of women and men. Beyond that, while heavily influenced by the Soviet Union and its political, social, and population policy history, they are not a monolith. On the contrary, each has its own historical, cultural, and religious traditions, its own personality, and its own political and demographic experience. Even today, there are considerable variations among the nine countries in social and economic development, urbanization, and even in fertility rates, as well as between them and Western European countries and the United States, as seen in Table 1 (page 6).

In 1980, natural increase (births minus deaths) ranged from a high of 2.5 percent in Albania to a low of 0.03 percent in Hungary, but annual births were not actually lower than deaths in any of the nine socialist countries as they were in the Federal Republic of Germany (West Germany). The total fertility rate around 1980 was above the replacement

level of 2.1 births per woman in Poland (2.3), Romania (2.5), the Soviet Union (2.3) and especially in Albania (4.2), while the rate was at or just below replacement level in the other five socialist countries, compared to consistently below-replacement-level fertility in the six nonsocialist developed countries listed in Table 1. In Gross National Product (GNP) per capita in 1979, the socialist countries ranged from a low of \$840 in Albania to a high of \$6,430 in the German Democratic Republic (GDR), compared to a range in the other countries from \$6,320 (United Kingdom) to \$11,930 (Sweden). The GDR also stands out among the socialist countries with its low infant mortality rate in 1980 (12.1 deaths per 1,000 live births) and high rate of urbanization (77 percent of the population), both on a par with rates for the six nonsocialist developed countries shown in Table 1. Other similarities and differences among the nine socialist countries are noted in the following vignettes.

USSR**

As the first to establish a socialist society based on Marxist principles, the Union of the Soviet Socialist Republics holds a preeminent position among the nations of Central and Eastern Europe. It is the third most populous nation in the world (after China and India), with an estimated 268 million people in mid-1981. Over 100 ethnic groups are represented in its 15 union republics and 28 autonomous republics.

The USSR pioneered in the liberalization of abortion legislation in 1920, restricted abortion again in 1936, and then reliberalized it in 1955, an action eventually followed by all its neighboring socialist countries except Albania. Despite evidence that its abortion rate may be the highest in the world—well above

*416 pages. Copies available at \$24.50 from Springer Publishing Company, 200 Park Avenue South, New York, N.Y. 10003.

**Murray Feshbach, demographic expert on the USSR, will review population trends in the USSR in a forthcoming *Population Bulletin*.

Table 1. Population Statistics: East and West Europe and United States, 1980, 1981

Country	Population, mid-1981 (millions)	Birth rate, 1980	Death rate, 1980	Natural increase, 1980 (%)	Total fertility rate, 1980	Urban population, (%)	Infant mortality rate, 1980	GNP per capita, 1979 (U.S.\$)
Albania	2.8	27.4 ^a	6.4 ^a	2.1 ^a	4.2 ^a	37	40 ^a	840
Bulgaria	8.9	14.3	10.7	0.4	2.2 ^b	64	19.9	3,690
Czechoslovakia	15.4	16.2	12.1	0.4	2.1	67	16.6	5,290
German Democratic Republic (East)	16.7	14.6	14.2	0.04	1.9	77	12.1	6,430
Hungary	10.7	13.9	13.6	0.03	1.9	54	23.1	3,850
Poland	36.0	19.5	9.8	1.0	2.3	57	21.2	3,830
Romania	22.4	18.6 ^b	9.9 ^b	0.9	2.5 ^b	48	31.6 ^b	1,900
USSR	268.0	16.3	10.4	0.6	2.3 ^b	65	36 ^c	4,110
Yugoslavia	22.5	17.0	9.0	0.8	2.0	42	32.8	2,430
Federal Republic of Germany (West)	61.3	10.0	11.5	-0.2	1.5	92	12.6	11,730
France	53.9	14.8	10.1	0.5	2.0	78	10.0	9,950
Netherlands	14.2	12.8	8.1	0.5	1.6	88	8.6	10,230
Sweden	8.3	11.7	11.0	0.1	1.7	83	6.7	11,930
United Kingdom	55.9	13.5	11.8	0.2	1.9	76	11.9	6,320
United States	229.8	15.8	8.7	0.7	1.8	74	12.5	10,630

Sources: Population mid-1981 and urban population: Population Reference Bureau, 1981 *World Population Data Sheet*; GNP per capita 1979: World Bank, *World Development Report, 1981*; birth and death rate (per 1,000 population), total fertility rate (birth rate per woman aged 15-49), and infant mortality rate (deaths under age one per 1,000 live births): Alain Monnier, "Europe and Overseas Developed Countries: Statistical Data" (in French), *Population*, Vol. 36, No. 4-5 (July-October 1981) Tables 2 and 3, pp. 888, 889.

^a1978 or 1979. Source: Dudley Kirk, "Albania," in Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York, Springer, 1981) pp. 300-304.

^b1979.

^cEstimate for 1976 in Christopher Davis and Murray Feshbach, "Rising Soviet Infant Mortality," *Intercom*, July 1980, p. 12.

the birth rate in most cities at least—the liberal law of 1955 has remained in force.

The country's overall fertility rate has been more stable than that of any of its neighbors over the past quarter century, declining only from 2.8 births per woman in 1957 to 2.3 in 1979. That it has not fallen lower is attributed to very high fertility in the Muslim, little urbanized Central Asian Republics—up to more than 6 births per woman in the Tadzhik SSR, for example, compared to 1.9 in the Russian Republic in 1978-79.¹

Along with the implication of low fertility for the future supply of labor, this fertility differential worries Soviet officials, who foresee a decline in the purely Russian ethnic proportion of the

total population to under half by the 1990s. (This proportion declined from 53.4 percent to 52.4 percent between the censuses of 1970 and 1979.) Stimulating fertility among ethnic Russians is increasingly debated, although the USSR claims to have no official pronatalist policy. Until recently, at least, it has been insisted that "the state must not interfere in the free exercise of the will of families with respect to childbearing."² However, at the 26th Party Congress in February 1981, President Brezhnev and Premier Tikhonov endorsed new measures to stimulate fertility, which are written into the 11th Five Year Plan (1981-85) and are to be introduced first in the low-fertility, predominantly Slavic European, Siberian,

and Pacific regions of the country.³

Always short of consumer goods and housing, the USSR currently faces a new round of austerity as a result of 1981's crop failure—the third in a row—due to drought and inefficiencies in the Soviet collectivized agricultural system, and a slowdown in the production of such commodities as oil, coal, and steel.⁴ The 1981 grain harvest of 190 million tons was 46 million tons short of the 1978 harvest, similar to the shortfalls in 1980 and 1979. Industrial production grew by only 3.4 percent in 1979, the slowest gain since such statistics became available in 1950. In September 1981, the price of gasoline was doubled and raised up to 40 percent on vodka, tobacco, and many other consumer items. Although the prices of meat and dairy products remain at their 1962 levels, the *Washington Post* Moscow correspondent reports, that "the government has reinstated a system of informal rationing as a precaution against food shortages expected as a result of this year's poor harvest."⁵

Deteriorating health conditions are also evident in the rise of death rates at all ages during the 1970s and especially of infants. Deaths among infants under age one rose from 22.9 per 1,000 live births in 1971 to 27.9 in 1974 when publication of official infant mortality data ceased. Murray Feshbach and Christopher Davis, experts on the Soviet Union, estimate that, by 1979, the infant mortality rate may have been more than three times the 12.9 rate recorded in the U.S. in that year.⁶ They attribute the rise, among other factors, to poor quality formula milk fed to infants, "an inability to cope with influenza which leads to pneumonia that kills infants," "long waits and short hours combined with haphazard diagnostic work in polyclinics," more single-parent families due to rising divorce, and women's multiple abortions using the now-outmoded sharp curettage method which increase the likelihood of later premature infants among whom the mortality rate is "many times higher"

than for full-term infants. Feshbach points out that the share of the Soviet budget spent on health care dropped from about 6.6 percent in 1965 to 5.2 percent in the mid-1970s.⁷

Poland

Poland is second in area and population (36 million in 1981) to the Soviet Union among Eastern European countries. Its experience over the past century has diverged significantly from that of most of its socialist neighbors. The country suffered vast devastation and loss of life during World War II, but acquired industrialized Silesia from Germany following the war, giving up agricultural land in the east to the USSR. However, Poland has industrialized only slowly. In 1970, a third of the labor force was still engaged in agriculture and small-scale private agriculture remains important. Two-thirds of agricultural land remains in private lands. The population is ethnically almost entirely Polish and the overwhelming majority of Poles are Roman Catholic. The Catholic Church plays a strong role in national life.

Poland's postwar history has been marked by a series of workers' strikes to protest living and working conditions: in 1956, 1970, 1976, 1980, and 1981. Most have been followed by a change of government and efforts to improve economic conditions, with varying results. In the early 1970s, under Gierek, who succeeded Gomulka as First Secretary of the controlling Polish Communist Party in 1970, Poland briefly enjoyed one of the highest economic growth rates in the world. But this was soon dampened by inflation, recession in the West, and domestic market problems, compounded by agricultural shortfalls. Consumer goods shortages, which worsened steadily during the late 1970s, reached crisis proportions following the birth of the independent Solidarity trade union movement in August 1980.⁸ The shortages have seriously affected efforts to reform the poor health care system which was a major impetus for the 1980

worker revolution.⁹ Although millions of low-rent apartments have been built in Poland's war-damaged cities, waiting times for the two- to three-room apartments, usually shared by more than one family, are now ten years long.

Polish population policy was pronatalist in the first post-World War II years. However, as economic conditions deteriorated during the 1950s and annual population growth reached nearly 2 percent, a campaign was launched to encourage couples to have smaller families. The approach was again reversed with a series of pronatalist measures after the birth rate plummeted to 16.2 per 1,000 population in 1968. By 1980, Poland's birth rate of 19.5 per 1,000 population was the highest among the Eastern European countries (except for Albania). Despite increasing condemnation by the Roman Catholic Church, the country's liberal abortion law of 1956—further liberalized in 1959—was still in force in early 1982. At the time abortion was liberalized, the government also backed the formation in 1957 of the Polish Family Planning Association (then called the Association for Conscious Motherhood). The Association was allowed to affiliate with the International Planned Parenthood Federation and took a leading role in providing family planning services throughout the country. In early 1980, the Association was renamed the Family Development Association and declared eligible for government subsidies to encourage adoption of more efficient contraception as an alternative to reliance on abortion. However, government support appeared to weaken during the turmoil beginning with the strikes of summer 1980. In late 1981, it was reported that two bodies, *Gaudium Vita* and the Association for the Protection of the Unborn Child, now had Ministry of Health backing for their aggressive campaign aimed at eliminating all mechanical methods of contraception as well as restricting the liberal abortion legislation.¹⁰

Yugoslavia

Yugoslavia is a Socialist Federal Republic, composed of six constituent republics (Bosnia-Herzegovina, Croatia, Macedonia, Montenegro, Serbia, and Slovenia) and two autonomous provinces within Serbia (Kosovo-Metohija and Vojvodina). Its population of about 23 million in 1981 is the most heterogeneous in Eastern Europe, with five official nationalities and 12 ethnic minorities, added to the influences of three major religions (Orthodox, Roman Catholic, and Muslim) and three cultural heritages (Central European, Ottoman, and Venetian-Mediterranean). Socioeconomic development, as well as the quality and availability of health care, family planning, and social services, also varies considerably with the result that population growth rates vary regionally from very low to among the highest in Europe. The 1980 national rate of natural increase (0.8 percent) was tied with that of the USSR in fourth place among the nine socialist countries in that year and just ahead of the 0.7 percent natural increase rate of the U.S. (see Table 1).

After Albania, Yugoslavia is the least urbanized of the socialist countries (42 percent of the population: Table 1). Agricultural collectivization was abandoned in the early 1950s and 85 percent of arable land is owned and worked privately. A limit of 10 hectares (26 acres) on land that can be held by a single person helps counteract the influence that the large rural proportion of the population might have on increasing average family size; many heirs would mean splintering of already small land holdings.¹¹

Following its political rupture with the Soviet Union in 1948, Yugoslavia gradually decentralized economic planning into a "socialist market economy" guided by workers' "self-management" and market forces. Its population has enjoyed a considerably higher consumer welfare than other socialist countries and much more personal freedom, in-

cluding the freedom to travel. The latter has resulted in the temporary migration of as many as a million Yugoslavs to North and West Europe, mainly male "guestworkers." Frequent returns home mitigate the effect such family separations might have on the birth rate.

Decentralization extends to population policymaking, uniquely in Eastern Europe. National policy, embodied in a 1969 federal assembly "Resolution on The Family" and in the 1974 federal constitution, espouses individual freedom of choice in reproductive matters rather than demographic objectives. Specific measures to disseminate contraceptive information and supplies and to encourage less reliance—although no limitations—on abortion are left to constituent republics, provinces, and communes.

Romania

Romania's population of close to 22½ million in 1981 is homogeneous. Some 88 percent of its people are ethnically Romanian and 80 percent belong nominally to the Romanian Orthodox Church.

Although still one of the least developed countries of Europe with over half the population in rural areas and an important collectivized agricultural sector, Romania has aimed for—and achieved—rapid industrial development. According to World Bank estimates, it has sustained one of the world's highest growth rates in GNP per capita since World War II—9.2 percent a year from 1960 to 1979—which places it just below Japan (9.4 percent) and far ahead of the U.S. (2.4 percent).¹² However, the level of GNP per capita head reached only \$1,900 by 1979 (Table 1).

Romania's response to plunging fertility after abortion was liberalized in 1956 was the most dramatic of any in Eastern Europe. When the birth rate dropped to 14.3 births per 1,000 population in 1966 from 25.6 in 1955, abortion availability was curtailed drastically, with a month's warning, in order to "eliminate abortion as a form of birth control," and "stimu-



A farm worker's children near Moscow. Two children is now the preferred family size in Eastern Europe, as in all developed countries.

late the natality [to] reach 18-19 per 1,000, which should assure Romania a population of about 24-25 million inhabitants by 1990."¹³ The birth rate rose abruptly to 27.4 in 1967, and although it has since drifted downward, it was still 18.6 per 1,000 in 1979. The use of "positive" pronatalist cash incentives has been less than in several other of the socialist countries.

German Democratic Republic

The GDR was established in 1949, following the collapse of reunification negotiations among the powers occupying Germany. With 17 million people in 1981, it is the most urbanized and industrialized of the Central and Eastern European socialist countries and enjoys the highest GNP per capita of the region. As in West Germany, with whom it still shares many characteristics, population growth trends have long been a major concern of state policy. Conditions were ripe for low fertility in the postwar decades with rapid economic growth, high educational levels, and heavy pressures

on women to work outside the home to compensate for population losses during and after the war until the Berlin Wall was erected in 1961. Birth rates were also low and death rates relatively inflated because of a deficit of males in the reproductive ages and the relatively high proportion of elderly persons. The birth rate dropped below the death rate in 1969, but turned upward again in 1975 and exceeded the death rate by 1979. In West Germany, by contrast, the birth rate dropped below the death rate in 1972 and was still lower than the death rate in 1980 (see Table 1).

Probably because of low fertility, full legalization of abortion was delayed to 1972 in the GDR, longer than elsewhere in Eastern Europe. For the next two years, the birth dropped lower—as also happened in those years, however, in West Germany where abortion was still restricted. The upturn in the GDR's birth rate since 1976 coincides with a strengthening of pronatalist cash incentives that are currently among the most generous to be found anywhere.

Czechoslovakia

Czechoslovakia was established in 1918 as one of the successor states of the Austro-Hungarian empire. It is a federation of two republics—the Czech Socialist Republic, which includes Bohemia and Moravia, and the Slovak Socialist Republic. The population of 15.4 million in 1981 is about 65 percent Czech and 30 percent Slovak. Differences in language and culture are not large, especially compared to other European multinational states. While the northern Czech areas are somewhat more economically advanced, the entire country has long been among the most advanced and industrialized of European countries.

With the emergence of a socialist government in the late 1940s, Czechoslovakia began to stress heavy industry over agriculture and consumer goods and services and adopted a strict form of central planning. Adaptation of Soviet-

type centralized planning to the complex industrial sector proved difficult; productivity and quality deteriorated and economic growth was irregular and slow by comparison to other Eastern European countries.¹⁴ Efforts begun in the early 1960s to reform the economy, as well as to improve social and political conditions, flagged with the Soviet intervention of 1968. Although the economy was recentralized in the 1970s, subsequent reforms resulted in improved economic performance and a rise in living standards.

With the emphasis on industrialization over consumer goods, the need for women in the labor force, and liberalization of abortion in 1957, Czechoslovakia's birth rate dropped to a low of under 15 births per 1,000 population in 1968, down from more than 20 in 1955. In an effort to stem the fertility decline, the government expanded what was already a broad package of special welfare measures aimed at lessening the economic burden of childbearing. Abortion was also restricted mildly in 1973 as it had been in 1963 and 1964. By the end of the 1970s, as demographer Tomas Frejka observes:

"... young people in Czechoslovakia live under that is probably the most extensive, comprehensive, and costly fertility-related population policy regime in the developed world. The system has evolved over the past 30 years and includes efforts to inculcate fertility-supporting values through education in the schools and through the media; an effective maternal and child health-care system; liberal availability of contraceptives and induced abortion; and a diversified and costly system of pronatalist economic incentives."¹⁵

Although both the total fertility rate and the birth rate peaked in 1974 after rising from the lows of 1968, Frejka observes that "the total fertility rate in 1977 was still almost 20 percent higher than it had been in 1968, and the crude birth rate in 1978 was 15-45 percent higher than it might have been." He suggests that there is "reasonably solid

ground" for the inference that this higher fertility was in part brought about by the pronatalist policy measures. As already noted, however, data for 1980 show a continuing fertility decline in Czechoslovakia.

Hungary

Left a remnant of its former self with the defeat of the Austro-Hungarian empire in World War I, Hungary has traditionally considered itself the Eastern outpost of Western civilization in Europe. Three-quarters of the population, which totaled just under 11 million in 1981, are Roman Catholic. The economy was predominantly agricultural before World War II, but with the emphasis on industry since then, the proportion of the labor force working in agriculture is now under 30 percent. Postwar economic growth was uneven until the adoption of the New Economic Mechanism in 1968. Under this system, the state retains ownership of the means of production and provides overall planning, but, within limits, enterprises (including collective farms) are allowed to direct their own activities and encouraged to show a profit. The result has been a modest improvement in living standards and improved economic growth until the disruptive effects of the world oil crisis in the last 1970s.

Hungary's population policy has been explicitly pronatalist since the late 1950s when fertility fell sharply following legalization of abortion in 1956. By 1962, the birth rate was 12.9 per 1,000 population—the lowest in the world at that time—and the total fertility rate was 1.8 births per woman. The decline halted with increases in family allowances and paid maternity leave during the 1960s and early 1970s. However, fertility remained below replacement level until 1974 when abortion was somewhat restricted for married women with less than three children. The October 1973 decision of the Council of Ministers announcing these restrictions also introduced new measures aimed at raising family size to about 2.4 children and

promoting more effective contraceptive practice. As described by Hungarian demographers Klinger and Szabady, "The present aim of Hungarian population policy is to gradually increase the number of births, at least to ensure replacement of the population, which would otherwise become skewed toward the old."¹⁰ After a brief spurt, however, fertility again turned down. By 1980, Hungary's birth rate was 13.9 per 1,000 population (compared with 15.8 in the U.S.) and the rate of natural increase, at 0.03 percent, was the lowest in Eastern Europe and among the lowest in the world.

Bulgaria

Bulgaria, with just under 9 million people in 1981, lies at the edge of Europe, heavily influenced by Turkish and Eastern Orthodox cultures. Of all the socialist countries of Eastern Europe, it is closest to the Soviet Union in language, culture, and history. At the end of World War II, it was one of the least industrialized countries in Europe, with more than 80 percent of the work force employed in agriculture. That proportion is today under 40 percent as the country has industrialized rapidly. Although still one of the lowest income countries of Europe, the country has developed rapidly, with much assistance from the Soviet Union and following the Soviet pattern of a centrally planned economy.

Bulgarian population policy has been described as "one that consistently promotes childbirth while preserving individual freedom to determine the number of children and the time of their birth."¹¹ The total fertility rate was already a low 2.4 births per woman when abortion was liberalized in 1956—the first country to follow the Soviet example—and continued to decline at the same pace to a low of just under 2 births per woman in 1966. Marked increases in pronatalist cash incentives and moderate restrictions in abortion availability in 1968 and again in 1973 prompted only brief spurts in fertility. By 1980 Bulgaria's birth rate

Table 2. Birth Rates and Total Fertility Rates: Eastern European Socialist Countries and Western Europe, 1880-1980

Countries	Birth rate (births per 1,000 population)									
	1880	1900	1930	1955	1960	1965	1970	1975	1978	1980
Albania	—	—	—	44.5	43.4	35.2	32.5	—	27.4	—
Bulgaria	33.7 ^a	42.2	31.3	20.1	17.8	15.3	16.3	16.6	15.5	14.3
Czechoslovakia	37.4	36.6	22.7	20.3	15.9	16.4	15.9	19.6	18.4	16.2
German Democratic Republic	37.6 ^b	35.6 ^b	17.6 ^b	16.7	17.2	16.5	13.9	10.6	13.9	14.6
Hungary	43.1	39.3	25.4	21.4	14.7	13.1	14.7	18.4	15.7	13.9
Poland	—	—	32.3	29.1	22.3	17.3	16.8	18.9	19.0	19.5
Romania	38.5	38.8	35.0	25.6	19.1	14.6	21.1	19.7	19.1	18.6 ^h
USSR	49.7 ^c	39.3 ^c	30.1 ^d	25.7	24.9	18.5	17.4	18.1	18.2	18.3
Yugoslavia	40.7 ^e	42.4 ^e	35.5	26.9	23.5	20.9	17.8	18.1	17.3	17.0
Western Europe ^f	—	—	21.1	18.3	18.4	18.5	16.2	14.2	13.4	13.4

Sources: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Table 1.3, and Alain Monnier, "Europe and Overseas Developed Countries: Statistical Data" (in French), *Population*, Vol. 36, No. 4-5 (July-October 1981) Tables 2 and 3, pp. 888, 889.

^a1881.

^bAll of Germany.

^cEuropean Russia.

^d1935.

^eSerbia.

of 14.3 per 1,000 population was the lowest in the country's history.

Albania

Albania is the maverick of Europe. Its GNP per capita is lowest (\$840); its language has no close relatives; and—unique in Europe—some 70 percent of its population (estimated at 2.8 million in 1981) is of Moslem tradition, although Albania prides itself on being the first truly "atheist" state. Politically, it has retained a strong independent Stalinist ideology. It has long been at odds with the Soviet Union and with neighboring Yugoslavia, and, since the death of Mao, is no longer allied to China.

Demographically, Albania belongs among the world's less developed countries, with a rate of natural increase estimated at 2.1 percent for 1978 (Table 1). However, the birth rate declined from 44.5 per 1,000 population in 1955 to 27.4 in 1978. According to Stanford University demographer Dudley Kirk, "the specific causation of the fertility reduction is obscure," although "there is evidence of significant socioeconomic

development."¹⁸ The average age at marriage is relatively high (22.1 for women and 22.6 for men); 46 percent of women work outside the home; the urban proportion of the population rose from under one-fourth (21.3 percent) in 1945 to about 38 percent in 1979; and infant mortality fell from 121 per 1,000 live births in 1950 to "about 40 at present."

The fertility decline has occurred despite the officially stated policy that Albania can support (and needs) millions more inhabitants—"a readily understandable position in view of the country's small size and acutely perceived political isolation," Kirk remarks. This pronatalism is supported by legal barriers to abortion and modern contraception. Abortion remains illegal except when pregnancy threatens a woman's life. Legally, contraceptives are neither produced nor imported and only condoms can be sold—in pharmacies for prophylactic purposes. Withdrawal is evidently the most widespread means of contraception backed up by illegal abortion.

Total fertility rate (birth rate per woman aged 15-49)								
1900	1930	1955	1960	1965	1970	1975	1978	1980
—	—	7.0	7.0	5.6	—	4.9 ^g	4.2	—
6.5	3.9	2.4	2.3	2.1	2.2	2.2	2.1	2.2 ^h
—	2.4	2.8	2.4	2.4	2.1	2.5	2.4	2.1
—	—	2.3	2.4	2.5	2.2	1.5	1.9	1.9
5.3	2.9	2.8	2.0	1.8	2.0	2.4	2.1	1.9
—	—	3.6	3.0	2.5	2.2	2.3	2.2	2.3
—	3.7	3.1	2.4	1.9	2.9	2.6	2.5	2.5 ^h
—	—	—	—	—	2.4	2.4	2.3	2.3 ^h
—	—	3.4	2.8	2.7	2.3	2.3	2.2	2.0
—	—	2.6	2.7	2.4	2.4	2.0	1.9	1.9

^f Unweighted average of: Austria, Belgium, Denmark, Federal Republic of Germany, Finland, France, Greece, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom.

^g 1973.

^h 1979.

Official pronatalism has not extended to positive incentive measures. Kirk observes:

"Apparently, there are no family allowances payments or tax reductions for children. The official position is that Albania has no taxes, making it the first country in the world to be completely free of imposed taxes and levies. Resources required to support public activities are provided through state management of the economy and are not available for private use."

Fertility Trends

Historical trends

European experience in the 19th century and first third of the 20th century served as the model for what demographers call the demographic transition theory. This theory holds that countries inevitably pass through three demographic stages, beginning with (1) high birth rates and high death rates, more or less balanced, resulting in slow, if any, population growth; (2) declining death rates with little change in fertility resulting in high rates of natural increase, followed

by a gradual decline in fertility and, thus, in natural increase; and (3) a new period of very little, if any, natural increase, this time achieved with low birth and death rates which were reached—in the case of Europe—some 50 to 100 years after the transition process began.

Although both Eastern and Western Europe generally followed this pattern, there was an important difference. Both prior to and during the transition experience Northwestern European countries exhibited what has been called the "European Marriage Pattern" of delayed marriage and much celibacy.¹⁹ This kept the pre-transition birth rate under 40 per 1,000 population. In Eastern Europe, on the other hand, the pre-transition birth rate was generally above 40 per 1,000 due to early and universal marriage, with some exceptions, such as Czechoslovakia and the Northwestern provinces of Russia.

The classical demographic transition theory also holds that the fertility decline was touched off by the beginnings of "modernization"—industrialization, urbanization, rising rates of literacy, and

Table 3. Birth Rates: Eastern European Socialist Countries, 1948-1980

(Births per 1,000 population)

Year	USSR	Poland	Yugoslavia	Romania	German Dem. Repub.	Czechoslovakia	Hungary	Bulgaria	Albania
1948	—	29.3	28.1	23.9	13.0	23.4	21.0	24.6	36.2
1949	—	29.5	30.0	27.6	14.8	22.4	20.6	24.7	39.0
1950	26.7	30.7	30.2	26.2	16.9	23.3	20.9	25.2	38.9
1951	27.0	31.0	27.0	25.1	17.4	22.8	20.2	21.1	38.5
1952	26.5	30.2	29.7	24.8	17.1	22.2	19.6	21.2	35.2
1953	25.1	29.7	28.9	23.8	16.8	21.2	21.6	20.9	40.9
1954	26.6	29.1	28.6	24.8	16.6	20.6	23.0	20.2	40.8
1955	25.7	29.1	26.9	25.6	16.7	20.3	21.4	20.1	44.5
1956	25.2	28.0	26.0	24.2	16.2	19.8	19.5	19.5	41.9
1957	25.4	27.6	23.9	22.9	15.9	18.9	17.0	18.4	39.1
1958	25.3	26.3	24.0	21.6	15.9	17.4	16.0	17.9	41.8
1959	25.0	24.7	23.3	20.2	17.1	16.0	15.2	17.6	41.9
1960	24.9	22.3	23.5	19.1	17.2	15.9	14.7	17.8	43.4
1961	23.8	20.9	22.7	17.5	17.7	15.8	14.0	17.4	41.2
1962	22.4	19.8	21.9	16.2	17.5	15.7	12.9	16.7	39.3
1963	21.2	19.2	21.4	15.7	17.6	16.9	13.1	16.4	39.1
1964	19.6	18.1	20.8	15.2	17.2	17.1	13.1	16.1	37.8
1965	18.5	17.3	20.9	14.6	16.5	16.4	13.1	15.4	35.2
1966	18.2	16.7	20.4	14.3	15.7	15.6	13.6	14.9	34.0
1967	17.3	16.3	19.6	27.4	14.8	15.1	14.6	15.0	35.3
1968	17.2	16.2	19.1	26.7	14.3	14.9	15.0	16.9	35.6
1969	17.0	16.3	18.9	23.3	14.0	15.5	15.0	17.0	35.3
1970	17.4	16.8	17.8	21.1	13.9	15.9	14.7	16.3	32.5
1971	17.8	17.1	18.3	19.5	13.8	16.5	14.5	15.9	33.3
1972	17.8	17.4	18.3	18.8	11.8	17.4	14.7	15.3	—
1973	17.6	17.9	18.1	18.2	10.6	18.9	15.0	16.2	—
1974	18.0	18.4	17.9	20.3	10.4	19.9	17.8	17.2	—
1975	18.1	18.9	18.1	19.7	10.6	19.6	18.4	16.6	—
1976	18.4	19.5	18.0	19.5	10.8	19.2	17.5	16.5	—
1977	18.1	19.1	17.7	19.6	13.3	18.7	16.7	16.1	—
1978	18.2	19.0	17.3	19.1	13.9	18.4	15.7	15.5	27.4
1979	18.2	19.5	17.2	18.6	14.0	17.8	15.0	15.3	—
1980	18.3	19.5	17.0	—	14.6	16.2	13.9	14.3	—

Sources: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Table 1.4; 1980 rates: United Nations, *Population and Vital Statistics Report: Data Available as of 1 October 1981*, Statistical Papers, Series A, Vol. 33, No. 4 (New York: 1981).

falling infant mortality. Recent historical research now shows that there were exceptions to this rule and that marital fertility began to decline markedly in several countries where the population was still overwhelmingly rural, agricultural, poor, and illiterate.²⁰ In Eastern Europe this was true of at least Hungary in the late 19th century and Bulgaria in

the early 20th century.

By 1930, the birth rate in what are now the socialist countries of Eastern Europe had fallen to a range from the mid-30s per 1,000 population in Romania and Yugoslavia to as low as 18 in the GDR (then part of undivided Germany), as seen in Table 2. The average for 17 major Western European countries,

Table 4. Total Fertility Rates: Eastern European Socialist Countries, 1948-1980

(Birth rate per woman aged 15-49)

Year	USSR	Poland	Yugoslavia	Romania	German Dem. Repub.	Czechoslovakia	Hungary	Bulgaria	Albania
1948	3.6	—	—	—	—	3.0	—	—	—
1949	3.6	—	2.5	—	—	2.9	2.5	—	—
1950	—	3.7	4.2	—	—	3.0	2.6	—	—
1951	—	3.7	4.2	—	—	3.0	2.5	—	—
1952	—	3.6	4.3	3.3	2.4	2.9	2.5	2.6	—
1953	—	3.6	3.4	—	2.3	2.9	2.7	—	—
1954	—	3.6	3.3	—	2.3	2.8	2.9	—	—
1955	—	3.6	3.1	3.1	2.3	2.8	2.8	2.4	7.0
1956	—	3.5	3.0	2.9	2.3	2.8	2.6	2.3	6.6
1957	2.8	3.5	2.8	2.6	2.1	2.7	2.3	2.3	6.1
1958	2.8	3.3	2.7	2.6	2.2	2.6	2.2	2.2	6.6
1959	2.8	3.2	2.7	2.4	2.3	2.4	2.1	2.2	6.6
1960	2.8	3.0	2.8	2.4	2.4	2.4	2.0	2.3	7.0
1961	2.8	2.8	2.7	—	—	2.4	1.9	2.3	—
1962	—	2.7	2.7	—	—	2.3	1.8	2.2	—
1963	2.5	2.7	2.7	2.0	2.5	2.5	1.8	2.2	—
1964	2.5	2.6	2.6	1.9	2.5	2.5	1.8	2.2	—
1965	2.5	2.5	2.7	1.9	2.5	2.4	1.8	2.1	5.6
1966	2.5	2.4	2.6	—	2.4	2.2	1.9	2.0	—
1967	2.4	2.3	2.6	3.7	2.3	2.1	2.0	2.0	—
1968	2.4	2.2	2.5	3.6	2.3	2.0	2.0	2.3	—
1969	2.4	2.2	2.4	—	2.2	2.0	2.0	—	—
1970	2.4	2.2	2.3	2.9	2.2	2.1	2.0	2.2	—
1971	2.5	2.2	2.4	2.7	2.1	2.1	1.9	2.1	—
1972	2.4	2.2	2.3	2.5	1.8	2.2	1.9	2.0	—
1973	2.4	2.2	2.3	2.4	1.6	2.4	1.9	2.2	4.9
1974	—	2.2	2.3	2.7	1.5	2.5	2.3	—	—
1975	2.4	2.3	2.3	2.6	1.5	2.5	2.4	2.2	—
1976	2.4	2.3	2.3	2.6	1.6	2.4	2.2	2.3	—
1977	2.4	2.2	2.2	2.6	1.9	2.4	2.2	2.2	—
1978	2.3	2.2	2.2	2.5	1.9	2.4	2.1	2.1	4.2
1979	2.3	2.3	2.1	2.5	1.9	2.3	2.0	2.2	—
1980	—	2.3	2.0	—	1.9	2.1	1.9	—	—

Sources: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Table 1.5; and Alain Monnier, "Europe and Overseas Developed Countries: Statistical Data" (in French), *Population*, Vol. 35, No. 4-5 (July-October 1980) p. 916, and Vol. 36, No. 4-5 (July-October 1981) p. 889.

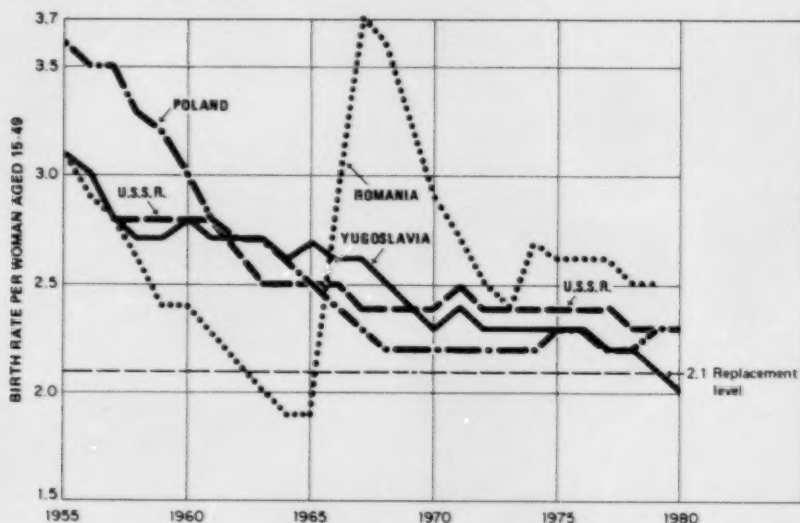
however, was 21. Birth rates dropped still lower in almost all European countries, West and East, during the following depression years of the 1930s.

Post-World War II trends

Like all "developed" countries, those of Eastern Europe experienced a make-up "baby boom" immediately following

World War II, but beginning in the early to mid-1950s, fertility began to fall—sooner than it did in Western Europe, as seen in Table 2. Table 2 shows birth rates and total fertility rates for each of the Central and Eastern European countries and an average for 17 major Western European countries for selected years from 1880 to 1980. Table 3 shows

Figure 1. Total Fertility Rates: Eastern European Socialist Countries, 1955-1980, and Five West European Countries and the U.S., 1965 and 1980



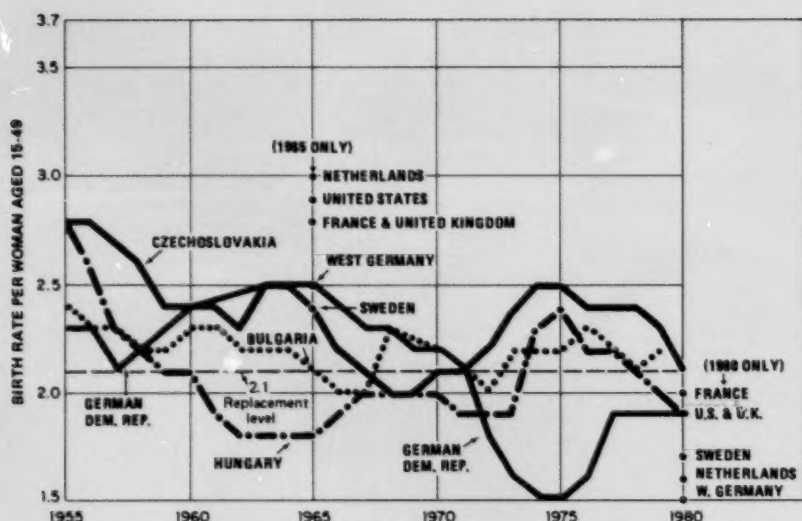
Sources: See Table 4

birth rates for the nine socialist countries from 1948 to 1980. Available total fertility rates* for the same period are given in Table 4, and Figure 1 traces the trend in the total fertility rate from 1955 to 1980 for all the socialist countries except Albania and also shows the rates in 1965 and 1980 for five Western European countries and the United States. As can be seen in Table 2 and Figure 1, the socialist countries generally shifted from the lower to the upper end of the

European fertility spectrum during the period from the mid-1960s to the mid-1970s.

For several of the socialist countries, the rapid fall in fertility from the mid-1950s to low points in the 1960s (or the early 1970s in the German Democratic Republic) and subsequent fluctuations coincide to a remarkable degree with changes in abortion legislation or administrative access to legal abortion and increases in pronatalist cash incentives (which are detailed in the following two sections). The total fertility rate fell close to or below the replacement level of 2.1 births per woman in the early 1960s in Hungary, in the mid- to late 1960s in Poland, Romania, Czechoslovakia and Bulgaria, and in the early 1970s in the GDR as seen in Table 4 and Figure 1. When the serious demographic reality of negligible, zero, or

*The total fertility rate indicates the average number of children that would be born to each woman in a population if each were to live through her childbearing years (15-49) bearing children at the same rate as women of those ages actually did in a given year. Unlike the crude birth rate, it is unaffected by variations in the proportion of women in the childbearing ages. Currently in Eastern Europe, a TFR of about 2.1 indicates "replacement level" fertility.



even negative population growth was perceived in these countries, the reaction of policymakers was uniformly pronatalist. The USSR also became increasingly concerned about low fertility, although the Soviet total fertility rate remained relatively stable at about 2.4-2.5 throughout the 1960s and 1970s (Table 4 and Figure 1). Policies were adopted which were not anticipated in the 1950s. Economic and manpower planners pleaded for higher fertility on the grounds of a prospective manpower shortage. The aging of the population and "deterioration in age composition" were also put forward as reasons for taking specific measures to raise fertility. These arguments carried greater weight than the traditionally optimistic socialist view that, as economist Milos Macura puts it, "there existed a population law specific to socialism, manifest-

ing itself in a perpetual rapid rate of population growth. Full employment and the economic and social measures adopted in socialist states were believed to result in a continued demographic expansion."²¹ It was now seen that socialist policy and measures which tended to reduce fertility (e.g., legalizing abortion and encouraging women to work) had outweighed those which were expected to maintain fertility at high levels (such as equalization of income).

Where strong pronatalist measures were undertaken, the birth rate did indeed rise. In Poland, Hungary, and Czechoslovakia, the rise in the birth rate in the early 1970s was partly due to an increase in the proportion of women in the prime childbearing ages of 20-29, due to the postwar "baby boom" of 1945-55. But in Hungary and Czecho-

slovakia, the total fertility rate also rose, which shows that the rise was not simply due to changes in population age structure.²²

The rise was most abrupt in Romania: from a birth rate of 14.3 and a TFR of 1.9 in 1966, to a birth rate of 27.4 and a TFR of 3.7 the following year in 1967 (Tables 3 and 4 and Figure 1). In Czechoslovakia the birth rate rose from 14.9 and the TFR from 2.0 in 1968 to 19.9 and 2.5 respectively in 1974. In Hungary, the rise was slower: from a birth rate of 12.9 and TFR of 1.8 in 1962 to 18.4 and 2.5 in 1975. In Bulgaria, there was a lesser rise from the birth rate of 14.9 and TFR of 2.0 in 1966 to a birth rate of 17.2 and TFR of about 2.3 in 1974. Fertility has since turned down in these four countries, while in the GDR, where pronatalist measures were stepped up in 1976, the figures for 1980 show a continuing increase from the low point of 1974.

By 1980, the total fertility rate was below replacement level in the GDR and Hungary (both 1.9), just at replacement level in Czechoslovakia (2.1) and possibly in Bulgaria (2.2 in 1979), and well above replacement level in Romania (2.5 in 1979). Remarking on this development, Macura observes: "Except for Romania, the results of such strong pronatalist policies seem to be rather modest,"²³ especially when compared with fertility rates in the Soviet Union and Poland (both with a TFR of 2.3 in 1979) where pronatalist efforts have been weaker, and with Yugoslavia (2.0 in 1980) with no deliberate pronatalist policies. Macura adds cautiously:

"Yet future years may provide new evidence which needs to be studied before concluding that pronatalist measures tend to be gradually accepted by the public as social welfare measures and are therefore not likely to produce lasting effects on fertility."

It was still true in 1980, that all the socialist countries of Eastern Europe, except for the German Democratic Republic and Hungary, had higher total fertility rates than the average for West-

ern Europe (1.9) shown in Table 2, and higher than all but France of the five Western European countries and the U.S. listed in Table 1 (page 6), as also seen in Figure 1.

Demographer Jerzy Berent notes that in Bulgaria, Hungary, Czechoslovakia and Poland, the number of women in the prime childbearing ages of 20-29 will drop in the 1980s and 1990s because of low birth rates in the 1960s. "Thus, unless there are some dramatic changes in the propensity to get married, demographic factors alone are likely to reduce the number of annual births in the foreseeable future."²⁴ This trend could only be counteracted by an increase in the average number of children that individual women have.

Family size

There is little evidence to suggest that average family size will increase beyond two children in most of the Eastern European countries, despite special efforts in at least Bulgaria, Hungary, and Czechoslovakia to encourage third births in particular.

Certainly families of four and more children are becoming increasingly rare. Between 1965 and 1975 (spanning the period of increased pronatalist measures), the proportion of total births accounted for by fourth and "higher-order" births dropped from 10 to 5 percent in Bulgaria; 13 to 6 percent in Czechoslovakia; 11 to 6 percent in Hungary; and 20 to 11 percent in Poland.²⁵

Analyzing data for Czech women in Czechoslovakia, Tomas Frejka found evidence that the stepped-up pronatalist incentives were probably increasing the number of children that women were likely to have, at least in the early 1970s.

"In the early 1970s, 30-50 percent more women in almost every age group had a second birth than five years earlier, and of those who had already had a second birth, about 20-30 percent more were having third births in the 1970s than earlier. Fertility was higher among all generations of women in

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the early 1970s than in the preceding years, primarily because women were having more second and third children."²⁶

However, the national survey data shown in Table 5 show that, in 1977, Czech married women under age 45 expected to average just 2.38 children, virtually the same as in 1970 (2.37). This along with the other survey data shown in Table 5 indicates that the two-child family is increasingly preferred in Eastern Europe (as in the rest of the developed world). Even in Poland, average expected family size dropped from 2.8 to 2.5 between 1972 and 1977. Bulgaria's average expected family size of 1.8 in 1976 is the lowest among comparable data of about the same date in ten European countries and the U.S.²⁷

Data from other Eastern European countries show similar preferences for two or fewer children. After family benefits were markedly increased in the GDR in 1976, a survey of newly married couples in the city of Rostock revealed that 7 percent wanted no children, 24 percent wanted one child, 65 percent wanted two children, and only 3 percent wanted three or more.²⁸ In a 1969 national survey of married women in the Soviet Union, 80 to 90 percent of women in the European regions named two or three children as being ideal; however, 80 percent preferred a family size smaller than their ideal.²⁹ Women surveyed in Moscow reported that 77 percent of their pregnancies occurring after the first birth were unwanted; less than 3 percent of these pregnancies were carried to term.

Survey interviews conducted in several Eastern European countries reflect a desire for smaller families among better educated couples living in urban centers and with both spouses employed.³⁰ Their example is spreading, particularly among younger women and increasingly into rural areas. A major reason for the decline in family size may be the perception of the decreasing economic value of children. If the emotional need for a child is satisfied by one,

Table 5. Expected Family Size: Four Socialist Countries, Around 1969 and 1977

(Average number of children expected by married women under age 45)

Country	Year of survey	Average number expected
Bulgaria	1976	1.80
Czechoslovakia	1970	2.37
	1977	2.38
Hungary	1965-66	2.09
	1977	2.02
Poland	1972	2.80
	1977	2.50

Source: Henri Leiden, "Fertility and Contraception in 12 Developed Countries," *International Family Planning Perspectives*, Vol. 7, No. 2 (June 1981) Table 6, p. 74.

the birth of a second is likely to be postponed or avoided, especially if it involves further sacrifices by the woman, including a loss in job status while she takes leave to care for a child, without compensating help from her husband in sharing household burdens and child-care responsibilities.

Another major reason for small families in Eastern Europe is the chronic housing shortage, despite efforts in several countries to improve the situation. Hungarian demographer Rudolf Andorka notes that "obtainment of an adequate dwelling is a major problem of many young couples in most of the European socialist societies . . . [and is] a strong influence on fertility."³¹ Among couples surveyed in 1975 on their wedding day in Kiev (USSR), a third to a half said their "family-building plans" depended on their getting better housing.³² From Poland it was reported in 1975 that more than half of couples must live with their parents two years

after their marriage.³³ Sociologist Hilda Scott reports a Czech survey of engaged couples among whom 60 percent expected to live with their parents after marriage and 25 percent to live separated from each other.³⁴ Among 1,800 married women surveyed in 1975 in Sofia, Bulgaria, housing was the single most important determinant of family-size intentions (two was the preferred family size but many women said one was all they expected to have). Over 40 percent of newly married women surveyed were forced to live with relatives. Couples very often were not allocated an independent apartment until the wife is over 30, by which time there is much less interest in reproduction.³⁵

Abortion Trends

Abortion legislation history

On November 18, 1920, the Soviet Union became the first country in the world to legalize abortion on request of the pregnant women in the first trimester of pregnancy. The 1920 decree, as well as later decrees related to births, was not presented as a population policy but as part of a social welfare program to protect women's health and recognize their equal status. The 1920 liberalization was intended to be temporary, with the specific assumption that, as social conditions improved and the state took over more of the burdens of childrearing, abortions would become less necessary and the problem of unwanted pregnancy would cease to exist.

Sharply falling fertility prompted the introduction of a fee for "volitional" abortions in 1924, followed by partial restrictions in 1935 prohibiting abortions of first pregnancies and requiring an interval of at least six months between legal abortions. In June 1936, abortion was made a criminal offense except for compelling medical or eugenic reasons. The immediate impact was a sharp rise in the USSR birth rate from 33.6 per 1,000 population in 1936 to 39.6 in 1937.

However, within three years the birth rate declined to 31.2, 7 percent below the 1936 rate, as Soviet couples adjusted private behavior to offset the intended effect of public policy and again resorted to illegal abortion.

In November 1955, two years after the death of Stalin, the Supreme Soviet repealed the 1936 restrictions and restored the 1920 provisions for abortion on request. The reasons cited were to reduce "the harm caused to the health of women by abortions performed outside of hospitals" and "to give women the possibility of deciding for themselves the question of motherhood."³⁶

For essentially similar reasons, all the socialist countries of Central and Eastern Europe, except Albania, eventually followed the lead of the Soviet Union. As indicated in the chronology in Table 6, the post-World War II liberalization process began in Hungary, three years before abortion on request was legalized there in 1956. Bulgaria and Poland also promulgated liberal legislation in 1956, followed by Romania and Czechoslovakia in 1957 and Yugoslavia in 1960. The new statutes permitted abortion on broadly interpreted social indications during the first three months of pregnancy. Second trimester abortions were allowed only on medical indications except in Hungary where the limit is 18 weeks for minors. In the German Democratic Republic, three years of relative abortion availability immediately following World War II were followed by a restrictive law in 1950, a slightly liberal reinterpretation in 1955, and full legalization of abortion on request in 1972. Only Albania has maintained a strictly enforced ban on abortion except in narrowly defined medical circumstances.

Official alarm at declining birth rates amidst soaring abortion rates prompted Romanian authorities to restrict abortion drastically. In October 1966, abortion was suddenly limited to women over age 45, or women with four or more living children, or under explicitly defined

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Table 6. Chronology of Abortion Legislation in Eastern Europe: 1920-1980

1920	The Soviet Union becomes the first country to legalize abortion on request of the pregnant woman.
1935	The USSR prohibits interruptions of first pregnancies and requires a six-month interval between legal abortions.
1936	The USSR prohibits abortion except for compelling medical and eugenic reasons.
1947	The Soviet Military Administration permits abortion in the German Eastern Zone of Occupation on juridical, eugenic, and sociomedical grounds.
1950	The German Democratic Republic restricts abortion to narrowly defined medical and eugenic indications.
1952	Yugoslavia approves undefined sociomedical indications as grounds for legal abortion.
1953	Hungary establishes medical boards to review requests for "therapeutic" abortion on social as well as medical grounds.
1955	The USSR reinstates abortion on request, returning to the provisions of the 1920 legislation.
1956	Bulgaria, Hungary, and Poland permit abortion on request or on broadly interpreted social indications.
1957	Romania legalizes abortion on request and Czechoslovakia approves legislation with liberal criteria for approving abortions.
1960	Poland and Yugoslavia approve liberal criteria for abortion.
1962	Czechoslovakia tightens administrative interpretations of abortion legislation.
1965	The German Democratic Republic slightly modifies the restrictive 1950 legislation.
1966	Czechoslovakia lifts stricter administrative interpretations; Romania suddenly restricts abortion availability drastically.
1968	Bulgaria moderately restricts elective abortion with enforcement gradually relaxed.
1969	Yugoslavia further liberalizes abortion on request.
1972	The German Democratic Republic approves abortion on request; Bulgaria tightens regulations on abortion availability.
1973	Bulgaria further restricts abortion availability; Czechoslovakia tightens administrative regulations; Romania modifies the 1966 decree slightly.
1974	Hungary restricts elective abortion; Bulgaria reverses its 1972/1973 restrictions; Yugoslavia guarantees the right to "free decision on childbirth" in its federal constitution.
1977	Albania affirms the strict prohibition of abortion except for narrowly defined medical reasons.

Source: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Table 4.1.

physical, mental, or genetic conditions. In 1973 the law was slightly modified to permit elective abortion from age 40.

In Bulgaria, restrictions introduced in 1968 were relaxed in practice soon thereafter and similar restrictions promulgated in 1972 and 1973 were reversed

in 1974. In Czechoslovakia, stricter guidelines for granting abortions were promulgated in 1973, followed by Hungary in 1974.

Current legislation

Table 7 summarizes the *de jure* situation of abortion in the nine socialist countries

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Table 7. Status of Abortion Legislation in Eastern Europe: 1980

Country (Years of current legislation)	Legal grounds for abortion				
	Medical			Social	
	Narrow/ life threat	Broad/ physical- mental	Eugenic/ fetal abnormality	Juridical/ rape, incest	Socio- economic
Albania	x	—	—	—	—
Bulgaria (1973, 1974)	—	x	x	x	x
Czechoslovakia (1973)	—	x	x	x	x
German Democratic Republic (1972)	—	—	—	—	—
Hungary (1973)	—	x	x	x	x
Poland (1956)	—	x	—	x	x
Romania (1966, 1973)	—	x	x	x	x
USSR (1955)	—	—	—	—	—
Yugoslavia (1969, 1974)	—	—	—	—	—

Source: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Table 4.2.

in 1980, classified according to the legal grounds on which abortion is permitted: medical, social, or with grounds not specified.

The medical category is divided into (a) narrow: when pregnancy threatens the life of the woman; (b) broad: pregnancy threatens the physical or mental health of the woman; and (c) eugenic: danger of fetal abnormality. The social category is divided into (a) juridical: usually meaning pregnancy resulting from rape or incest and ; (b) socio-economic: when pregnancy threatens the social and economic well-being or life situation of the woman and/or her family. The category "Grounds not specified" usually means that abortion

is legal on request within 10 to 12 weeks from the last menstrual period and provided the woman has not had a previous abortion in the immediately preceding six months (or as specified in the legislation).

In Table 7, an "X" indicates that the provision is specifically mentioned in the statute or decree. The status of abortion on request for specific reasons cited in the legislation is described in the "Comments" section.

In all the countries, abortion is generally prohibited after three months of pregnancy except for specified medical reasons. Terminations for medical reasons are free, while those done for "social" reasons, which together usually

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Grounds not specified	Comments on elective abortion
—	
—	Elective up to 10 weeks for widowed and divorced women; unmarried women under age 18; married women with two children or with one living child if over 40.
—	Elective within first 12 weeks for single women and married women with three children, over age 40, or "living in exceptionally serious social circumstances."
x	Elective within first 12 weeks if no previous abortion within 6 months, and for medical reasons after 12 weeks.
—	Elective during first trimester for unmarried women, for married women with three children or over age 40, and for "serious social reasons."
—	Abortions also performed by private physicians on a fee-for-service basis.
—	Elective during first trimester for women over age 40 or having four or more living children.
x	Elective within first 12 weeks if no previous abortion within six months.
x	Right to "free decision on childbirth" guaranteed in federal constitution but differently interpreted in different republics and autonomous regions.

constitute over 90 percent of all abortions, require a small fee. In Czechoslovakia and Hungary abortions must be performed in hospitals, followed by at least an overnight stay, whereas in Poland and in parts of Yugoslavia, legal abortions are often performed on an outpatient basis, as was the case in Romania before the 1966 restrictions.

As seen in Table 7, "elective" abortion for any woman in the first three months of pregnancy with "grounds unspecified" is in theory now available only in the GDR, the Soviet Union, and in Yugoslavia. In practice, however, abortion committees or commissions in Bulgaria, Czechoslovakia, and Hungary refuse very few women who request

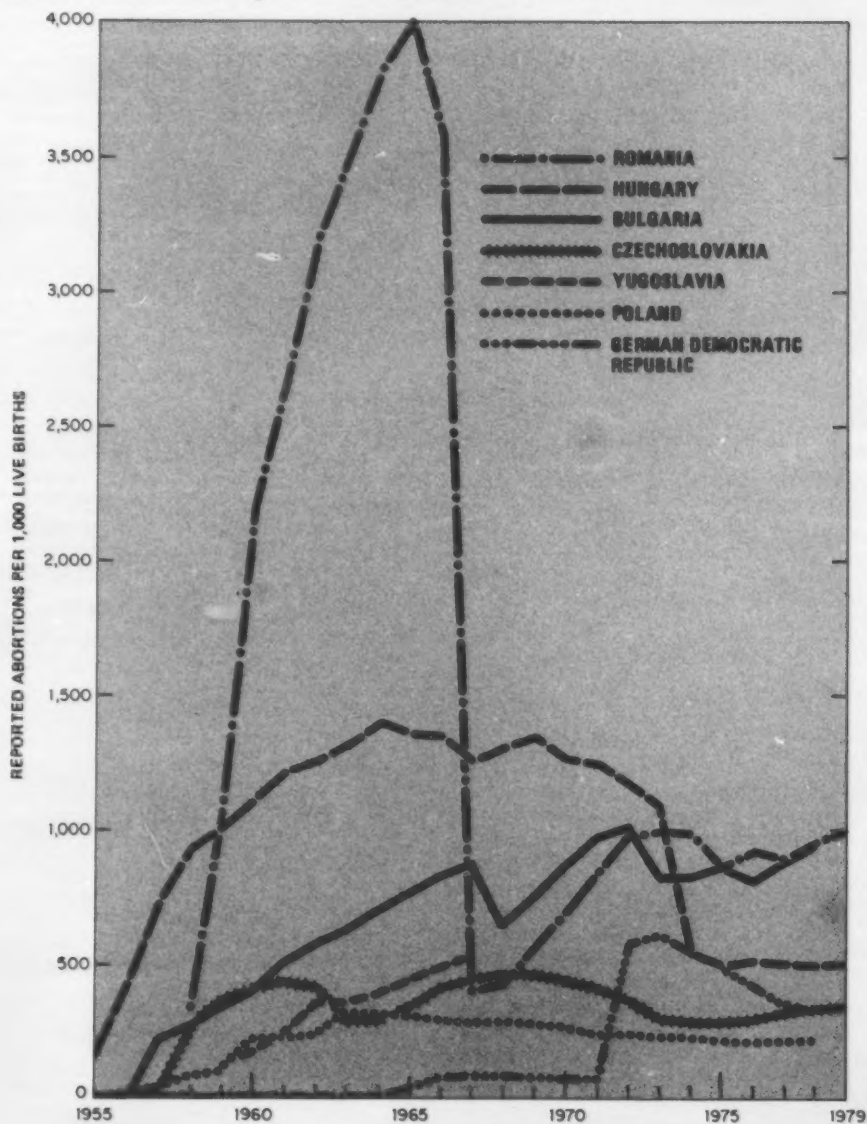
abortion on "social grounds." In Hungary, for example, less than 1 percent of women were refused in 1978, although technically, abortion is not freely available to married women with less than three children.³⁷ Women who claim to have no adequate housing (defined as a separate dwelling) are automatically granted abortion.

Abortion data

Reported abortion data for the nine socialist countries vary in coverage and reliability. For Czechoslovakia, Hungary, and probably Bulgaria, the statistics are comprehensive and reliable. In the GDR, the registration of abortion is relatively complete but national statistics are

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**Figure 2. Legal Abortions per 1,000 Live Births:
Seven Eastern European Countries, 1955-1979**



Source: See Table 8.

**Table 8. Legal Abortion Ratios per 1,000 Live Births:
Eastern European Countries, 1955-1979**

Year	USSR	Poland	Yugoslavia	Romania	German Dem. Repub.	Czechoslovakia	Hungary	Bulgaria
1955	—	2	—	—	4	8	168	15
1956	—	24 ^a	—	—	7	12	428 ^a	14 ^a
1957	—	47	—	— ^a	3	29 ^a	738	225
1958	—	59	—	332	3	261	919	276
1959	—	109	128	1,584	3	365	1,008	338
1960	—	225	177 ^a	2,198	3	407	1,108	397
1961	—	229	248	2,662	3	432	1,211	504
1962	1,600	234	363	3,207	3	413 ^b	1,259	577
1963	—	323	360	3,516	2	299	1,313	636
1964	—	315	395	3,837	3	293	1,396	705
1965	2,750	308	447	4,005	41 ^c	344	1,356	773
1966	—	296	489	3,555 ^b	82	406 ^c	1,349	831
1967	3,200	281	541	390	89	446	1,259	876
1968	—	289	—	418	88	467	1,302	645 ^b
1969	—	280	544	554	82	461	1,340	755
1970	2,300	272	—	685	86	437	1,268	872
1971	—	240	—	835	80	410	1,244	980
1972	—	237	—	974	577 ^a	363	1,170	1,018 ^b
1973	—	231	—	993 ^c	615	296 ^b	1,086	826 ^b
1974	—	229	—	782	557	285	548 ^b	828
1975	—	215	—	860	484	282	495	854
1976	—	210	—	918	419	295	511	836
1977	—	217	—	894	354	316	502	880
1978	—	219	—	947	328	332	497	937
1979	—	—	—	990	—	346	504	—

Source: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Table 4.3.

^aLiberalization of law.

^bRestriction of law or regulation.

^cLiberalization of previous restrictions.

missing for some years. Less reliance can be placed on data reported from Poland; many women who wish to avoid the public atmosphere of a hospital seek out private medical practitioners who may fail to register some of the abortions performed in their surgeries. In Yugoslavia, statistics on abortion, as well as births and deaths, are published at the regional level and may be less reliable for some of the less developed areas. Romanian data are limited to "total registered abortions" which include cases of spontaneous abortion and illegal abortion which require aftercare in hospitals. No official statistics are published by Albania or by the USSR where vast regional differences render

scattered reports difficult to interpret.

Figure 2 shows trends from 1955 to 1979 in the annual number of legal abortions per 1,000 live births (the abortion ratio) for the seven countries for which reasonably continuous data are available. Table 8 gives the actual legal abortion ratios for these countries from 1955 to 1979, plus scattered estimates for the USSR, and also indicates years of easing and restricting access to legal abortion.

As shown in Figure 2 and Table 8, the first liberalization of abortion laws resulted in dramatic increases in the incidence of legal abortion. For example, Hungary's already rather high legal abortion ratio of 168 in 1955 (indicating

increasingly liberal medical review board decisions) jumped to 428 in 1956 when abortion on request was legalized and rose to a peak of nearly 1,400 in 1964. Legal abortions exceeded births in Hungary from 1959 until the restrictions of 1974 dropped the ratio from 1,086 in 1973 to 548 in 1974. The ratio declined further to 497 in 1978 before rising again in 1979. The influences of changes in regulations implementing the abortion statutes are similarly apparent in Bulgaria and Czechoslovakia. In Poland, the abortion ratio reached 323 in 1963, declining gradually in subsequent years to 217 in 1977. In the GDR, the abortion ratio peaked within one year of liberalization at 615 in 1973 and subsequently declined to 328 in 1978. The limited information available from the USSR and Yugoslavia masks divergent regional trends. The ratios for Romania are not directly comparable because they include admissions to hospital for after-care or treatment of complications of spontaneous and illegal abortions. Nevertheless, the impact of the sudden reversal in availability of legal abortion is apparent in the sharp drop of the ratio from 3,555 in 1966 to 390 in 1967, followed by a gradual increase to 993 in 1973, then another dip, and a climb to 990 in 1979 as abortions were increasingly provided for "mental health" reasons.

Figure 3 gives an idea of where Eastern Europe stands in relation to other countries where abortion is now legal on liberal to unrestricted grounds. The statistics are for abortion *rates* (legal abortions per 1,000 women aged 15-44) in 1978, the latest year for which comparable data are available. The rate for the GDR (21.4) is below that of the U.S. in 1978 (28.2), but the rates for Czechoslovakia (29.1), Hungary (37.0), and Bulgaria (68.3) were then among the highest reported rates in the world. Legal abortion rates are probably highest in the USSR, although the Soviet Union has published no official abortion data for four decades. Based on indirect

information, Population Council abortion statistics expert Christopher Tietze calculates the Soviet Union's rate of legal abortion per 1,000 women aged 15-44 as at least 115 in 1973.³⁸ French demographer Roland Pressat estimates the ratio at 2 to 3 per live birth in 1979.³⁹

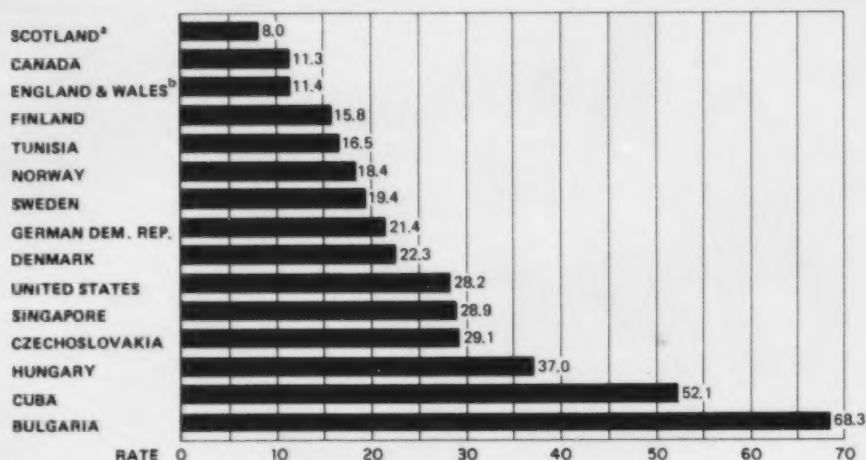
Impact on birth rates

While the impact of changes in abortion legislation needs to be considered along with related social legislation and prevailing trends in fertility and contraceptive practice, the evidence is persuasive that the liberalization of abortion hastened the fertility decline in almost all the socialist countries. The birth rate was least affected in the USSR, suggesting that most legal abortions after reliberalization of abortion in 1955 merely substituted for illegal abortions. This was probably true also in Bulgaria where, as noted, fertility continued to decline at about the same pace after liberalization in 1956. Conversely, restriction of abortion in Romania, Bulgaria, Czechoslovakia, and Hungary was associated with a subsequent spurt in annual births, followed by a decline as couples adjusted by practicing more effective contraception and/or resorting to illegal abortion.

Romania offers the most dramatic example of these effects. As seen in Figure 4 (page 28), after abortion was suddenly restricted in November 1966 (and imports of contraceptive pills and IUDs were curtailed), the birth rate rose month by month from its record low of 12.8 per 1,000 population in December 1966 to a peak of 39.9 in September 1967 and then subsided regularly to 18.6 in 1979, interrupted only by a spurt to 20.3 in 1974 after family allowances and birth grants were increased in 1973 and possibly also as a result of pronatalist propaganda at the time of the 1974 World Population Conference in Romania's capital, Bucharest.

Data for Bulgaria, Czechoslovakia, Hungary, and the GDR illustrated in Figure 5 (page 29), also suggest a

Figure 3. Rates of Legal Abortions per 1,000 Women Aged 15-44: Various Countries, 1978



Source: Christopher Tietze, *Induced Abortion: A World Review*, 1981, 4th edition (New York: The Population Council, 1981) Table 2.

^aIncludes abortions in England to Scottish women.

^bResidents only.

strong relation between abortion changes and birth rates. In each case, rises in abortion ratios per 1,000 live births are mirrored in declines in the birth rate per 1,000 population.

Abortion seekers

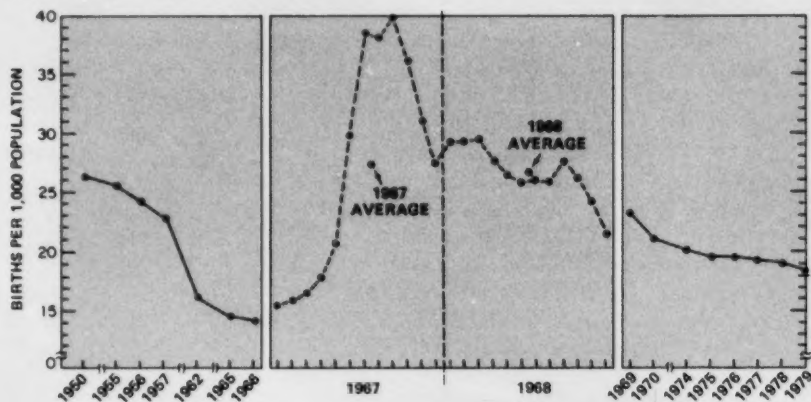
In the United States, a large proportion of women obtaining legal abortion are teenagers and most are unmarried. In 1978, according to the most recent available data, about one-third of U.S. abortion seekers were under age 20, another third were 20 to 24 years old, and one-third were 25 years and older.⁴⁰ Some 76 percent of women obtaining legal abortion in that year were unmarried.⁴¹ By contrast, abortion rates in the socialist countries of Eastern Europe tend to peak among married women over age 25. Women under age 18 accounted for only 12 percent of all abortions in the GDR in 1975 and 5 percent in Poland in 1977. Women under age 20 had 15 percent of all GDR abor-

tions in 1977. In a 1977 national survey of married women in Hungary, 48 percent of the women aged 35 to 39 reported abortions with 21 percent saying they had had more than one. Only 5 percent of the married women aged 15-19 reported pregnancy termination.⁴²

Data from national surveys on the incidence of and attitudes toward abortion around 1972 in Czechoslovakia, Hungary, Poland, and Yugoslavia were compiled by the Economic Commission for Europe.⁴³ In all these surveys, women were markedly reluctant to admit having had abortions, whether legal or illegal. Reported abortion levels were higher in urban than in rural areas, probably reflecting both more liberal attitudes toward abortion and greater access to abortion facilities. This differential was largest in Poland and smallest in Yugoslavia and Czechoslovakia. Better educated women tended to have fewer abortions than the less well educated in Czechoslovakia, Hungary, and

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Figure 4. Romania: Birth Rates by Year, 1950-1979, and by Month, 1967-1968



Source: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Figure 9.2.

Yugoslavia, probably reflecting more efficient contraceptive practice, but the reverse was true in Poland. Working women were more likely than nonworking women to have abortions in Hungary and Poland but less likely in Czechoslovakia and Yugoslavia. Abortion increased consistently with family income in Hungary but decreased in Czechoslovakia.

In the Hungarian survey of 1972, the single most cited reason for having had an abortion was inadequate housing, mentioned by 34 percent of the sample.⁴⁴ In Poland, various studies suggest that ineffective contraceptive practice is the prime reason for seeking abortions. Some 33 percent of women interviewed in Poland's 1972 Family Survey agreed that induced abortion should be prohibited while an additional 51 percent favored some restriction of existing legislation.⁴⁵

In the Soviet Union, where "the fight against abortion" is frequently aired in the press, legal abortion is viewed as only slightly less evil than illegal termination. Considerable attention is focused

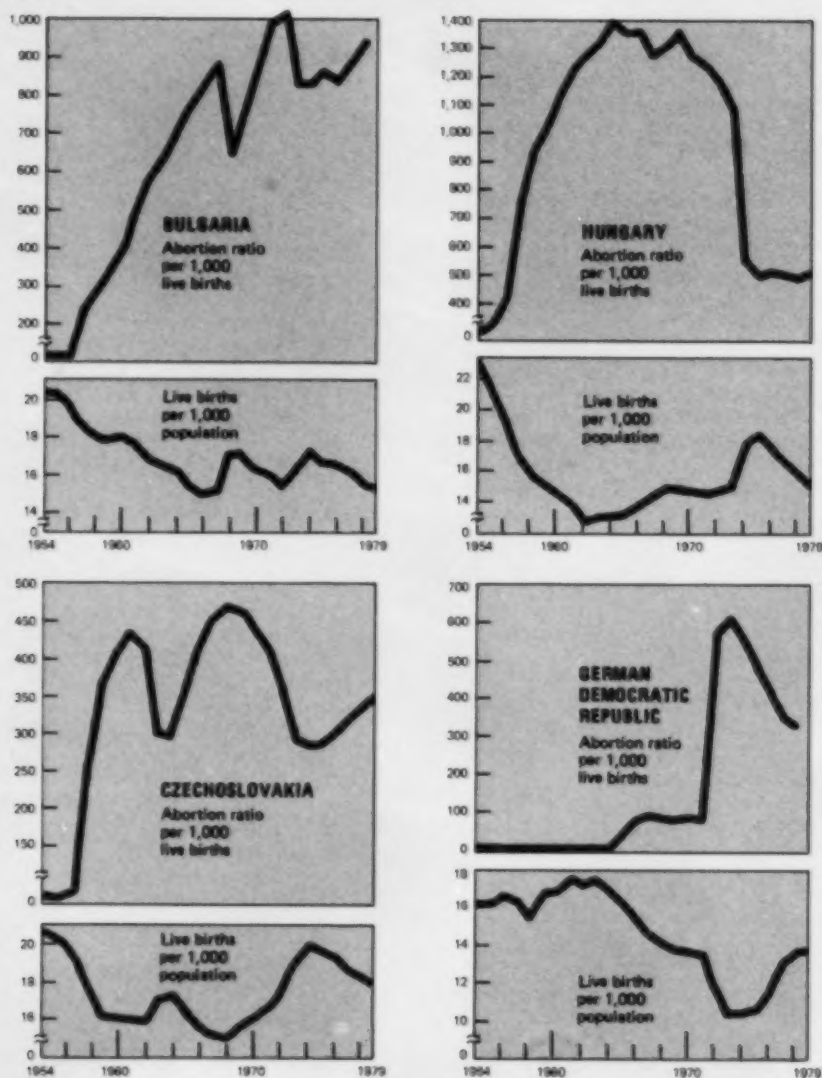
on alleged psychological effects, a claim unsubstantiated by a review of Soviet medical publications. Frequently given reasons for having abortions include unwillingness to have a child or additional children, insufficient dwelling space, career problems, no help at home to care for children, and family instability. Abortion is generally disliked but considered safe and certain. Potential health hazards are deemed less important than the urgency of terminating an unwanted pregnancy.

Health risks

Among the socialist countries of Central and Eastern Europe, Czechoslovakia and Hungary provide the most reliable national statistics on mortality following legal abortion. Levels of mortality during the late 1950s and early 1960s in these nations were already very low but declined even further in the 1970s since virtually all legal abortions were performed in the first trimester of pregnancy. The mortality rate per 100,000 legal abortions reported from Czechoslovakia in the years 1957-1966 was

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Figure 5. Abortion Ratios and Birth Rates: Bulgaria, Czechoslovakia, German Democratic Republic, Hungary, 1954-1979



Sources: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Figures 13.1, 11.1, 10.1, 12.1.

3.8; during 1967-1972 it declined to 1.9 and to 0.8 for the period 1973-1979.⁴⁶ Similarly, deaths reported by Hungarian hospitals as associated with legal abortions decreased from 4.4 per 100,000 for 1957-1962 to 1.4 during 1963-1967, and further to 1.0 in the period 1968-1979. Abortion-associated deaths in the United States declined from 3.4 per 100,000 abortions in 1973 (the year of the Supreme Court decision) to 0.5 in 1978.⁴⁷

Abortion-related mortality may be appropriately compared with the risk to life associated with carrying a pregnancy to term. In the United States, maternal mortality attributed to complications of pregnancy and childbirth, excluding abortion, had declined to 9.4 deaths per 100,000 live births by 1977. First trimester abortion performed by a qualified physician in a legal setting apparently entails far less risk than carrying a pregnancy to term. Abortion-related mortality rates are likely to drop even further in future years as increasing proportions of women obtain first trimester abortions performed by the suction curettage, or vacuum aspiration, method rather than the riskier "sharp curettage" of the classical dilatation and curettage (D & C) method.

Psychological aftereffects

Of all the complications of abortion, psychological aftereffects are the most difficult to assess. There is probably no psychologically painless way to cope with an unwanted pregnancy whether it is voluntarily interrupted or carried to term. While an abortion may elicit feelings of guilt, regret, or loss, such alternatives as entering a forced marriage, bearing an out-of-wedlock child, giving up a child for adoption, or adding an unwanted child to a family may be accompanied by psychological problems for the women, the child, and the family. Clinical experience from the United States, Western and Northern Europe, and the socialist countries of Central and Eastern Europe confirms that some

feelings of loss, sadness, guilt, and regret are frequently observed in women experiencing abortion, but that these feelings tend to be short-lived, seldom lasting for more than a few hours or days. Serious psychological reactions to first trimester abortions, requiring referral to psychiatric hospital within three months after an abortion, are found in fewer than about 12 currently or never married women per 10,000 abortions.⁴⁸

Married women seldom rely solely on abortion as their preferred method of fertility regulation but a sizable proportion resort to pregnancy termination in the case of contraceptive failure. For most of these women the decision to terminate an unwanted pregnancy reflects healthy coping with reality. Abortion is rarely perceived as a traumatic event, regardless of legal circumstances or governmental policy.

Contraceptive Availability and Practice

The heavy, though waning, reliance on abortion in Eastern Europe is, of course, influenced by the availability and practice of contraception. In the centrally planned economies prevailing in all these socialist countries (except for Yugoslavia), the decision to produce or import contraceptives, or assure a stable supply, is a governmental matter. As of 1982, Romania and Albania are the only countries neither manufacturing nor importing modern contraceptives. In all others, the purchase of pills or IUDs is on prescription only. The problems of erratic supplies are similar to those which plague other areas of the consumer goods sector, although the suspicion persists that supplies are occasionally disrupted to encourage childbirth. In Poland in late 1981, as noted, the government appeared to be backing a campaign to ban supplies of all artificial methods of contraception.

Despite efforts to improve access to

efficient modern contraceptives in several countries, as well as strengthened educational campaigns, withdrawal remained the most practiced method in the region in the early 1970s according to the surveys mentioned earlier.⁴⁹ Of 6,200 married women interviewed in a 1970 national survey in Yugoslavia, for example, 51 percent reported that they were contracepting and 68 percent of these relied on withdrawal; only 3 percent used the pill and 1 percent the IUD. Among 16,000 married women surveyed in Poland in 1972, 21 percent used withdrawal and 13 percent used rhythm. Pills and IUDs were used by only 2 percent of the women, although pills and IUDs had by then been freely available for four years.

Withdrawal was still the most popular method in Czechoslovakia in 1977. In a national survey of 3,000 married women conducted in that year as part of the World Fertility Survey, an astonishing 95 percent of women reported that they and their husbands were currently practicing contraception: of these contraceptive couples, 42.2 percent used withdrawal; 13.5 percent, the pill; and 20.7 percent, the IUD.⁵⁰ The researchers reporting these findings remarked: "The most frequently used method—withdrawal—is the cause of often undesired pregnancies." Romania conducted a national survey of some 10,000 women as part of the World Fertility Survey in 1978.⁵¹ Only 58 percent of the women interviewed who were under 45 and currently married to their first husbands reported that they were practicing contraception at the time. Of these, 44 percent used withdrawal and 41 percent the rhythm method. Only 1 percent used the pill and 6 percent the condom. In Sofia, Bulgaria, among the 1,800 married women surveyed in 1975, 76 percent of those using contraception practiced withdrawal and 9 percent used rhythm; 5 percent used the pill and less than 1 percent used IUDs. A year earlier, in 1974, two Bulgarian demographers observed that while it

was official policy to make pills available, "their adoption is not encouraged."⁵²

With such a heavy reliance on the unreliable withdrawal method (and on rhythm in at least Romania and Roman Catholic Poland), it is evident that abortion is still mainly responsible for the relatively low birth rates of at least Bulgaria, Czechoslovakia, Poland, Romania, Yugoslavia, and very probably the USSR.

The situation has changed in Hungary where a concerted effort was made to promote more effective contraception at the same time that abortion restrictions and new pronatalist incentives were announced in October 1973. Beginning in 1974, pills were made easier to obtain, the network of family planning centers was greatly expanded, courses in contraception, as well as in sex education and family life, were introduced at all levels of the educational system and military training, and marriage licenses are now issued only after couples present proof that they have received contraceptive counseling and supplies from a physician. The results are evident in a series of national fertility surveys of married women. In 1977, the percentage of respondents who were contracepting (73 percent) was virtually unchanged from 1974 (74 percent), but among the contraceptors, 55 percent were using the pill compared to 36 percent in 1974. IUD use had increased from 8 percent to 14 percent, while withdrawal had dropped from 35 percent to 20 percent.⁵³

The German Democratic Republic also launched a massive campaign to provide free distribution of modern contraceptives and to encourage women to use them at the same time that abortion was legalized in 1972. By July 1973, about 43 percent of all women in the fertile ages were reported to be regular pill-users.⁵⁴ In 1977, some 55 percent of fertile-age women residing in Berlin were using the pill.⁵⁵

Besides the problem of erratic sup-



Panorama DOR

A family in the German Democratic Republic where pills are replacing less effective contraceptive methods and reliance on abortion.

plies, pill use is hampered in several countries because only a few high-dosage varieties are available. Fear of side effects and danger to a woman's health is enhanced by adverse newspaper reports. Also the occasional tendency of some public health officials to minimize potential side effects contributes to a climate of suspicion which can be a subtle but powerful deterrent to adopting or continuing with the pill and might well induce a shift to less effective contraceptives. Although not always legally forbidden, sterilization as a contraceptive method is usually available only for women whose lives would be endangered by a pregnancy and is exceedingly rare in all Eastern European countries. Condoms are widely available, often from vending machines. Their quality varies. In the USSR, for example, the locally manufactured unlubricated condoms are called "galoshes" and are unpopular.

Physicians are required to instruct women in contraception after abortion or childbirth in Bulgaria, Czechoslovakia, the GDR, and in Poland, but it is not certain to what extent this actually happens.

Pronatalist Economic Incentives

Although Romania's experience showed that sharply restricting access to legal abortion could immediately raise fertility, the other socialist countries have so far resisted re-restricting legal abortion to this extent, either for ethical-political reasons or because of the perceived high social costs of the inevitable resurgence of illegal abortion. Instead, as fertility fell or threatened to fall below replacement levels in the 1960s, most of the other socialist countries began to consider and implement "positive" economic measures to stimulate individual families to have more children.

Prior to the adoption of explicitly pronatalist goals, most of the countries already had a complicated structure of programs and policies that worked both directly and indirectly to ease the financial burden of large families. But, these were designed as a matter of equity and not as an explicit stimulus to high fertility.⁵⁶ They included paid or unpaid maternity leave, monthly allowances to families with children, lump sums paid at the birth of each child, income tax reductions for families with children, and various subsidies and price supports for child-care facilities, children's transportation, school equipment, and clothing, and for housing. While these measures did lessen the economic burden of childrearing, they were not powerful enough to overcome the physical and psychological burden which childbearing posed to women holding fulltime jobs—as socialist policy decrees that they must—and also faced with inadequate housing and chronic shortages of consumer goods and services and child-care facilities. In introducing the explicit pronatalist policies of the 1960s (and 1970s in the German Democratic Republic), several of the governments greatly strengthened already existing measures such as birth payments, family allowances, and paid maternity leave,

and introduced new measures deliberately aimed at promoting childrearing, such as loans to newlywed couples to buy and furnish homes which are written off progressively as children are born.

Family allowances, birth payments, and paid leave

Beginning in 1959 in Hungary and Czechoslovakia and in the late 1960s in Bulgaria and Romania, family allowances, birth payments, and paid maternity leave were increased with the explicit goal of raising the national birth rate. Attention was concentrated on stimulating second and third births which are crucial to a population policy seeking to reverse the growing popularity of the one-child family. At the same time, large families of four or more children were not to be encouraged because of housing stringencies and the presumed lower "quality" of children born into large families.

Table 9 (page 34) shows the increases over time for these four countries in birth payments and "marginal" monthly family allowances (the amount the total family allowance increases when a second, third, etc., child is born). For Bulgaria, Czechoslovakia, and Hungary, Table 10 shows the level of birth payments, family allowances, and payments during maternity leave by number of children in relation to the average annual wage in each of the countries. These payments not only increased as a percentage of average wages, but also their buying power increased sharply because of rising real wage levels during these years. It is evident that family support payments have reached high levels in these three countries. In Bulgaria, for example, these benefits more than double the annual income of the average couple with three children.

Tables 9 and 10 also reveal the evolution of policy concern in Bulgaria, Czechoslovakia, and Hungary, largely moving away from making substantially higher payments for higher order births and concentrating on stimulating second

and third births. Little attention has been paid to first births. Perhaps the reasoning is that while cash incentives may encourage a couple already determined to have children to raise the number they plan to have or to have them sooner, the incentives have little influence on couples who are completely opposed to having children.

Except for Yugoslavia and Albania, all the socialist countries have instituted explicit pronatalist cash incentives and improved child-care facilities, as seen in the following brief descriptions, although the Soviet Union, Poland, and Romania lag considerably behind Bulgaria, Czechoslovakia, the GDR, and Hungary.

USSR

In the USSR, the first explicitly pronatalist incentive measures were introduced in 1936 at the same time that the liberal abortion legislation of 1920 was revoked. Family allowances were paid only for seventh and later children and only for the first five years of a child's life. The payments were raised sharply in 1944, extended to include third and later children, and paid until a child's 15th birthday. A progressive cash birth bonus payment for second and higher order births was also introduced in 1944 and income taxes were altered to favor families with children. In 1948, all birth payments and family allowances were cut in half and remained unchanged to at least 1981, with their significance as pronatalist incentives shrinking steadily. A third child, for example, increases a family's monthly income by only 4 rubles (U.S.\$5.40 at the official exchange rate in January 1982), and then only until the child's fifth birthday. In 1974, however, families with a monthly household per capita income under 50 rubles (\$67.50) became eligible for an income supplement of 12 rubles (\$16.20) a month for each child under age eight. Few families with both parents working were eligible for this benefit. Their major appeal was to women who opted to take

Table 9. Marginal Monthly Family Allowances and Birth Payments: Bulgaria, Czechoslovakia, Hungary, Romania, Selected Years

Country and year	Currency	Birth order					
		1	2	3	4	5	6
Bulgaria							
Early 1960s	leva	—	13	13	13	10	5
1968 ^a		5	15	45	5	5	5
Birth Payment—1968		20	200	500	20	20	20
1973		100	250	500	20	20	20
1975		100	250	500	100	100	100
Czechoslovakia							
Pre-1957	crowns	30	30	30	30	30	30
1957		70	100	140	180	220	220
1959 ^b		70	100	260	260	260	260
1968		90	240	350	350	240	240
1973		90	340	450	400	240	240
Birth Payment—1968		—	1,000	1,000	1,000	1,000	1,000
1971		—	2,000	2,000	2,000	2,000	2,000
Hungary							
1953	forints	—	75	105	80	90	100
1959		—	75	285	120	120	120
1965		—	200	160	120	120	120
1966		—	300	110	170	170	170
1972		150 ^c	300	510	270	270	270
1973		200	400	560	320	320	320
1974		200	600	560	320	320	320
Birth payment ^d —1972		1,100	1,000	1,000	1,000	1,000	2,000
1974		2,500	2,500	2,500	2,500	2,500	2,500
Romania							
Early 1960s	lei	100	100	100	100	100	100
Late 1960s		130	130	130	130	130	130
Birth payment ^e		—	—	1,000	1,000	1,000	1,000

Source: Henry P. David and Robert J. McIntyre, *Reproductive Behavior Central and Eastern European Experience* (New York: Springer, 1981) Table 5.3.

^aPrior to January 1, 1969, there was a maximum yearly income criterion for receipt of family allowance.

^bPrior to July 1968, payments varied inversely with family income. Figures cited are for a family whose chief earner's gross income is less than 1,400 crowns a month.

^cAfter January 1, 1972, payments were made to one-child families that had previously fallen into a higher family-size class.

^dIncludes both maternity benefit and layette allowance.

^ePrior to January 1967, bonus payment applied to only tenth and higher births.

unpaid maternity leave (available up to one year after a birth) and, in effect, used the benefits as an alternative for nurseries, which remain in short supply, though theoretically the USSR offers subsidized day or 24-hour care for virtually all urban children whose parents desire it and for farm children during

the planting and harvesting season.

At the 26th Party Congress in early 1981 plans for new pronatalist measures were announced by President Brezhnev and Premier Tikhonov. Set forth in the "Basic Guidelines" for the 11th Five Year Plan (1981-85), they include guarantees of a room for newlyweds under

Table 10. Cumulative Family Allowance, Maternity Leave, and Birth Payments as a Percentage of the Average Annual Wage: Bulgaria, Czechoslovakia, Hungary, Selected Years

Country and year	Birth order					
	1	2	3	4	5	6
Bulgaria						
1968	17	40	86	72	77	82
1973	32	56	103	85	90	95
Czechoslovakia						
1959	17	25	45	64	84	104
1968	22	35	55	75	89	103
1973	22	48	69	87	98	108
Hungary^a						
1966	14	30	41	51	60	69
1967	41	57	68	78	87	96
1972	36	49	71	83	95	106

Source: Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience* (New York: Springer, 1981) Table 5.4.

^aOnly family allowance and maternity leave payments are included for Hungary. A combined cash maternity payment and layette allowance exists in Hungary. The development of these payments prior to 1972 is not clear, but the 1972 and 1974 birth payment levels cited in Table 9 would amount respectively to a 1 to 2 percent and a 3 to 4 percent addition to the payments considered here.

age 30, or a one-room apartment for parents with one child and a two-room apartment for those with two children; a lump-sum birth grant of 50 rubles (\$67.50) for the first child and 100 rubles for the second and third; partially paid maternity leaves up to 18 months with different monthly payments to be gradually introduced in different regions of the country; as well as "improvements in working conditions, daily life, and leisure time for working mothers."⁵⁷ Benefits are also to be improved for unmarried mothers. It should be noted that similar proposals appearing in the 1976-80 Five Year Plan were not implemented.

Poland

Family allowances have been increased several times in Poland since the early 1960s but remain weak by comparison with Bulgaria, Hungary, Czechoslovakia, and the GDR. In 1975, for example, Polish families with three children received a family allowance worth 13 percent of the average monthly wage of

industrial workers compared to 38 percent in Bulgaria and Hungary and 41 percent in Czechoslovakia.⁵⁸ Family allowances were improved in 1970 and 1974 for lower income households but have remained the same for higher income families since 1963 and, with price increases and rising wage levels, have declined in value. In 1978, a birth payment of 2,000 zloties (\$64) was introduced for all births of whatever order. (The average monthly wage of industrial workers in 1975 was 3,562 zloties.⁵⁹) Paid maternity leave was extended from 12 to 16 weeks in 1972 (compared to 26 weeks currently in Czechoslovakia and the GDR, for example) and unpaid "rest" leave after that, with guaranteed return to a job at equal pay, was extended to a child's fourth birthday. Although child-care facilities have improved, there were nursery places for only 47 percent of children aged three to six by 1977 and continuing shortages of child-care facilities were among the grievances aired by the striking Gdansk workers in the summer of 1980.⁶⁰

Yugoslavia

With Yugoslavia's evolution toward a neutral policy on fertility, there are no pronatalist incentives in the sense in which that term is usually understood in the other socialist countries. The setting of family allowances has been left up to the constituent republics and autonomous regions since the late 1960s. Typically, allowances are paid only to low income families and are graduated, with higher sums paid to lower income families but lower payments for higher order births, suggesting a social policy orientation rather than a pronatalist population policy. Croatia is the only one of the constituent republics which extends partially paid maternity leave to a child's first birthday. In 1976, Tito described progress with providing child-care facilities as "not always satisfactory."⁶¹

Romania

Unlike its abortion restrictions of 1966, Romania's "positive" pronatalist measures have been modest compared to those in other socialist countries. Family allowances were small and uniform for each child in the family until 1972 when they were increased by 10 lei a month, as again in 1979, and made somewhat higher for the third and following births. (A lei = 9½¢ in early 1982.) In 1967, a lump-sum birth payment of 1,000 lei (then worth \$85; now worth \$95) was introduced for each child after the second and remains unchanged. The paid maternity leave of 16 weeks is among the shortest of the socialist countries, but Romania has gone further than most countries of the region in making parttime work available to mothers of young children.⁶²

German Democratic Republic

Strengthened in 1976, four years after the 1972 liberalization of abortion, pronatalist financial incentives in the GDR are currently among the most generous to be found anywhere.

The birth grant is 1,000 marks (worth

nearly \$450 in early 1982), roughly one month's salary for the average industrial employee, and is paid at birth for all children. Monthly family allowances mount with each child and range from 2 percent of the average monthly wage for a one-child family to 29 percent for a family with six children. Newly married couples with both partners under age 26 and together earning under 1,400 marks a month are eligible for interest-free loans of 5,000 marks (\$2,200) for obtaining and furnishing a home. The debt is reduced by 1,000 marks for the first child, 1,500 marks for the second, and 2,500 for the third. A third birth would thus cancel the debt, provided it occurs within eight years.

Paid maternity leave was raised from 14 to 18 weeks in 1972 and to 26 weeks in 1976. Also introduced in 1976 was an additional unpaid leave up until a child's first birthday, plus a cash allowance of at least 300 marks (\$130) a month during the unpaid leave for second births and at least 350 marks for third and later births. If no place is available in the local nursery school, a mother may take unpaid leave until a child's third birthday, with reemployment guaranteed after that. Working mothers of at least two children are eligible for a fully paid reduced work week of 40 hours compared to the average 44 hours.

The network of state-subsidized child-care facilities is the most extensive of all the socialist European countries. In 1980 there were places for 66 percent of children under age three and 96 percent of children aged three to six.⁶³

Czechoslovakia

Pronatalist cash benefits are also generous in Czechoslovakia, as noted, especially since 1968. Progressive family allowances first appeared in 1947, were raised substantially for fourth and later children in 1957 and then revised in 1959 to emphasize third and later children (see Table 9, page 34). Regular maternity leave at 90 percent pay was

extended from 18 to 22 weeks in 1962 at the same time that abortion was partially restricted. Two years later agricultural workers were included in the family assistance scheme. Rent reductions and early retirement for women, differentiated by family size, were introduced in 1964.

In 1968, family allowances were raised for first through fourth children and reduced for later-born children; the lump-sum birth payment was raised from 650 to 1,000 crowns (and extended to agricultural workers); maternity leave at 90 percent pay was increased to 26 weeks; and unpaid leave up until a child's first birthday was introduced.

Since 1970, in emulation of the apparently successful Hungarian example begun in 1967, Czechoslovakia has offered mothers caring for at least one child below age two and at least one school age child a kind of quasi-wage of 500 (\$86), 800, or 1,200 crowns per month, depending on the number of children below age two, if they decide to stay home past the 26 weeks of maternity leave at 90 percent pay. Non-working women receive this maternity allowance immediately after the second child's birth. In 1971, the cash birth payment was doubled to 2,000 crowns (worth \$345 in early 1982 and the equivalent of two to four weeks of average family income).

In 1973, family allowances for second, third, and fourth children were again raised and low-interest loans to newlywed couples under age 30 were introduced. Earmarked for buying and furnishing homes, these loans can amount to as much as 30,000 crowns (\$5,200); 2,000 crowns are written off at the first birthday of the first child and 4,000 crowns at the first birthday of each subsequent child. The interest rates of 1 to 2.5 percent are one-third of prevailing rates.⁶⁴ In 1979, family allowance payments were again increased by 50 crowns a month for each child.

In 1978, only 9 percent of children under age three could be cared for in

state-subsidized nurseries but this partially reflects the decision to offer and encourage women to take extended maternity leave in the belief that care of the very young should be provided by parents as much as possible. In contrast, there were subsidized child-care places for 75 percent of children aged three to six in 1978.

Hungary

Following the first postwar year of below-replacement-level fertility in 1958, the level of monthly payments through the Hungarian family allowance system was raised dramatically for third births, as seen in Table 9 (page 34). After six more years of low fertility, the policy emphasis shifted to second births (more than doubling the marginal monthly payment), with sharply reduced payments for third children. In 1966, payments were increased proportionately and the agricultural population included at somewhat lower rates. In 1967, Hungary introduced the innovative



United Nations/Maria Pinter

Teacher and children in Hungary where mothers are subsidized to stay home to care for their children under age three.

"child-care allowance," allowing working mothers a "post-maternity leave" of up to 25 months (after the normal five month leave at full pay) at 600 forints per month with a guarantee of reemployment when they returned to work. This extra leave was extended to 31 months in 1969, meaning a mother is subsidized to stay home until a child's third birthday. In 1974, the monthly leave payments were increased to 800 forints (worth \$24 in 1982) for the first child, 900 for the second, and 1,000 for the third. Also in 1974, the birth payment was more than doubled, from 1,000 to 2,500 forints (\$75) close to the average monthly salary in 1975, and monthly family allowances were again raised for second children (see Table 9).

Since 1971, Hungary also offers assistance to families with children in buying or renting apartments. Rents are lower for larger families and direct grants defray up to 45 percent of the purchase price of an apartment. Somewhat like the Czech and GDR programs, newly married couples can claim this subsidy in advance, providing one child is born within three years and two within six years. Child-care facilities have been expanded but the paid post-maternity leave system is viewed as a substitute for state-subsidized day care for children up to age three. It is argued that Hungarian families prefer this arrangement although it has negative career effects for women.

Bulgaria

Family allowances had been low and nonprogressive in Bulgaria until the abortion restriction of 1968, when they were increased for first, second, and especially third births, and cut in half for fourth and later births (Table 9). At the same time, lump-sum birth payments were raised to a high level, then raised again slightly in 1973 for first and second births, and again in 1975 for fourth and later births.

The policy concentration on second and third children and the large absolute

size of lump-sum birth payments in Bulgaria are distinctive. For example, the 500 leva (worth \$540 in early 1982) paid at the birth of a third child was more than three times the average monthly industrial wage (160 leva) in 1977.⁶⁵ Paid maternity leave is 17 weeks for the first child, 21 weeks for the second, and 26 weeks for the third, followed by a post-maternity leave of six months for the first child, seven months for the second, and eight months for the third, with a monthly allowance of 80 leva (\$86).

Impact on fertility

Unlike the immediate rise in birth rates following abortion restrictions in Romania (in 1966), Bulgaria (in 1968), Czechoslovakia (early 1970s), and Hungary (in 1974), the role of pronatalist cash incentives in raising fertility is more difficult to assess. However, their range is wide at present and the financial benefits substantial, particularly in Bulgaria, Czechoslovakia, Hungary, and the GDR. It is reasonable to expect that benefit payments of the size exhibited in these countries would produce a definite, but not necessarily large, positive fertility response. Berent suggests that their main impact has been "on the decision whether a childless couple with a working wife should have a child at all and, somewhat less, [on] the choice between having one or two children. It is more doubtful whether the incentives have been effective in persuading parents to have a third child, in spite of the clear orientation of the policy measures in that direction."⁶⁶ Some Czech demographers feel that the incentives did indeed persuade more women in Czechoslovakia to have a third child, at least in the early 1970s, as noted.⁶⁷ Hungarian demographer Andras Klinger and French demographer Roland Pressat argue that the main effect was to persuade couples to have first and second births sooner than they

otherwise would have.⁶⁸ Czech demographer Zdenek Pavlik also believes this to be true for Czechoslovakia, where the proportion of first births and especially second births increased markedly in the peak birth rate year of 1974 while third order births increased only slightly.⁶⁹ However, when the birth rate goes up in any one year because the timing of some births is advanced, the birth rate will probably be higher than it otherwise would be a generation later when those women begin bearing children and this can mean a larger ultimate population size. Also, women who have early first births are more likely to have larger families than they might otherwise have planned, regardless of how well they practice contraception throughout the rest of their fertile-age years.

Many observers doubt that the cash incentives paid in Eastern Europe will have long-lasting effects on fertility. As Macura suggests, their effect wears off as they begin to be taken for granted as "social welfare benefits." Also, as wage levels and prices increase, they decline in value, and "a steady escalation of pronatalist measures may be required to reveal their true effects."⁷⁰ Enhanced cash incentives probably did contribute to the fertility rise of the early and mid-1970s in Bulgaria, Czechoslovakia, and Hungary and after 1976 in the GDR, but this came at a very high budgetary cost, and fertility has declined again in the first three countries. Frejka suggests that the ultimate significance of pronatalist incentives "is likely to depend on the extent to which policy measures are able to improve living conditions of couples at successive stages of their life cycle and the extent to which couples resolve conflict situations involving fertility in favor of childbearing."⁷¹ It may be difficult to apply the Eastern European experience to circumstances prevailing in Western European countries where fertility has now dropped lower than it ever has in the socialist countries.

Women's Position

Perhaps more than in other countries of the "developed" world, the position of women is the key to understanding fertility trends in the socialist countries of Eastern Europe. Guided by Marxist ideology and led by the Soviet Union, these countries were among the first to decree the emancipation of women and their equal rights with men. But laws have not eradicated the vestiges of male chauvinism or changed the economic conditions which still make childrearing a particularly heavy burden for women, whatever financial incentives governments might devise to encourage them to bear children.

Socialist writers have debated the "woman question" since the term was first used by the German Social Democratic Party theoretician August Bebel in 1875.⁷² As noted by Trent University (Ontario) sociologist Alena Heitlinger,⁷³ most of these writers have been inspired by Engel's hypothesis that the emancipation of women would result from the socialist abolition of private property (along with class rule and exploitation), the productive employment of women (giving them a public social role and economic independence), and the socialization of private domestic work and child care (which would provide time for self-cultivation and public life). In reality, much more attention has been given to the first two factors than to the third. As Heitlinger puts it, "[The] failure to promote more than a minimal restructuring of working and living arrangements within the home," has meant that "creation of equal opportunities in education and employment has lead to a multiplication rather than redefinition, of female roles."⁷⁴ In the Soviet Union before Stalin's death in 1953, for example, writers seemed to assume that the high level of women's labor force participation was tantamount to complete liberation. Questions of socializing housework and/or providing services to ease daily household burdens

were largely ignored amidst the priorities given to increasing stocks of capital goods.

All the socialist countries are ideologically committed to full equality for women. This was spelled out already in the 1936 constitution of the USSR which declared women's "equal rights with men in all spheres of economic, state, cultural, public, and political life," a statement which more than 45 years later the United States has not yet added to its constitution. However, this commitment is secondary to the overriding economic necessity of relying on women as coproducers of goods and public services. Further, wage levels are such that two incomes are needed if a family is to attain even an "acceptable" standard of living and certainly the better quality of life that many aspire to. Women are educated with the expectation that they will work outside the home for a significant portion of their lives, and with women's increasing level of education, most presumably would choose to do so, whether or not it is economically necessary.

As a result, the percentages of women employed outside the home reach what are probably the world's highest levels in some of these countries. In the German Democratic Republic in 1977, for example, 87 percent of women aged 18 to 60 were employed or in training as apprentices. In 1970, 70 percent of women aged 15 to 59 were working in Hungary and 85 percent of all adult women in Czechoslovakia. In 1974, three-quarters of Polish women over 15 were working.⁷⁵ By contrast, in the United States where women's labor force participation has escalated in the past decade or so, the percentage of employed women had reached only 52 percent of all women 16 and over by 1980.⁷⁶

Male attitudes and public services have not caught up to this reality in Eastern Europe. Readers' letters to the editors of women's magazines in the socialist countries depict societies



Poland, December 1981. Women do most of the long waiting in line to buy food.

where child care conflicts with the need to work, where husbands frequently refuse to help with household chores, and where women plead for relief from the triple role of "good workers, good wives, and good mothers." Women's difficulties are often compounded by cramped housing conditions, the lack of time- and energy-saving household appliances, and the absence of modern shopping facilities and convenience services. In the USSR, the time a working wife must devote to shopping, cleaning, and cooking in addition to her regular job can add up to an exhausting 13 to 15 hours a day. Frejka cites surveys of the 1960s in Czechoslovakia which show that women's household duties took up almost as much time as their jobs, leaving only seven or eight hours a day for other activities including eating and sleeping.⁷⁷ One Leningrad survey reported in 1978 showed only 3 percent of husbands willing to stand in lines to shop for food.⁷⁸ From Poland it was reported in the summer of 1980, even before the worsened conditions of winter 1981-82, that women spent an average of over two hours a day waiting in line

at shops.⁷⁹ Uneven division of household duties still prevails even in the German Democratic Republic, where women have attained more professional equality than is true in most other socialist (and nonsocialist) countries. Although fathers are eligible to request the "baby leave" year in lieu of the mother, it is reported that they rarely do.⁸⁰

In designing the pronatalist measures of the 1960s and 1970s, the policy-makers of socialist countries have been concerned to encourage joint parental responsibilities and relieve the conflict between women's roles as workers and as mothers. But they have not always been aware of the implications of these measures. For example, it is not always realized that the availability of prolonged maternity benefits for women who elect to stay home for two or three years with their child—as is possible in Czechoslovakia, Hungary and the GDR—emphasizes sex role differences and weakens the actual position of women in the labor market. Women who return to work after such an absence often find themselves several steps behind their male colleagues and seldom catch up.

In general, however, there is increased awareness of the burdens that impede women's willingness to bear children. The expansion or improvement of laundry, cleaning, food preparation, and shopping efficiency have emerged as openly acknowledged pronatalist measures, steps that must be taken to make maternity consistent with women's increasingly heightened career expectations. However, there has been little cultural pressure on men to lift the double burden and absorb at least an equal share of household obligations.

The major problem confronting women in the socialist countries of Central and Eastern Europe in the 1980s is how to encourage men both to work and to help in the task of raising children and assuming household responsibilities. How can the political leadership balance

effectively and fairly what the country needs and women want? So long as women are needed in massive numbers in the labor force but their demands for equality in *all* areas of life remain unsatisfied, there is unlikely to be any long-term solution to the perceived problem of low fertility.

Marriage, Divorce, and Sexual Attitudes

Eastern European trends in marriage and divorce and changes in attitudes toward sex probably have conflicting effects on fertility levels. In recent years, the already low age at marriage has dropped still lower in at least the USSR and Czechoslovakia, which could be expected to raise fertility. On the other hand, divorce rates have risen in several countries, facilitated by liberalization of divorce laws and probably encouraged by the emphasis on sexual equality, and, as Macura observes, this would "tend to reduce the volume of the effective reproductive stock and, consequently, the rate of fertility."⁸¹ In several countries, sexual experience is beginning earlier than in the past and often before marriage, as is true in all "developed" countries. The increased chances for early, unwanted pregnancies that this could entail could be offset by sex education in schools. Sex education has been introduced by several of the socialist countries but the effectiveness of these courses is doubtful in some of the countries.

Marriage and divorce

For the Soviet Union, Roland Pressat reports that the average age of women at first marriage dropped from 24.6 in 1966 to 22.2 in 1973-74. At the same time, divorce rose sharply, partly aided by liberalization of the divorce law in 1965. By 1977, some 38 percent of marriages were likely to end in divorce, according to figures cited by Pressat in 1979.⁸² He remarks that the Soviet

Union's divorce rate, which had long been very high, "is now one of the highest in the world, if not the highest." However, the Soviet Union's "crude" divorce rate of 3.5 per 1,000 population in 1977 was still below the comparable rate of 5.0 per 1,000 population in the United States in that year. U.S. demographers Paul Glick and Arthur Norton also calculated in 1977 that "approximately 40 percent of all current and potential marriages among young [U.S.] women now in their late twenties may eventually end in divorce."⁸³

From Czechoslovakia in late 1981 it was reported that "the rate of divorce in the early years of marriage is running at 40 percent."⁸⁴ Ironically, this appears to be indirectly linked to Czechoslovakia's generous benefits to encourage young couples to have children. The benefits are probably associated with the recent substantial drop in the age at marriage to 20 for women and 23 for men. "Young couples are tempted into marriage prematurely by the social benefits, experts say, but with the first difficulties the marriages break up."

In Romania, the right to divorce was sharply curtailed along with access to legal abortion in 1966, and though the divorce process has since been eased, the divorce rate was still under 2 per 1,000 population in 1976.⁸⁵ In Poland, a campaign by both the Roman Catholic Church and the Communist authorities appeared to be responsible for a sudden drop in divorces to 36,000 in 1978 after a steady two-decade increase to a record 43,000 divorces in 1977.⁸⁶ The GDR reports a slight drop in divorces from just under 45,000 in 1967 to just over 43,000 in 1978 while marriages rose from 117,000 to 141,000 annually over the same period.⁸⁷ The average age at marriage has been rising in the GDR but so has the still low proportion of couples living in stable unmarried cohabitation.

Concerned about marital instability, several countries have introduced marriage counseling centers. In the GDR,

some 250 government-financed marriage and sexual counseling centers, generally housed in local health facilities, offer advice on the "medical aspects of marital conflicts and sexual disorders," as well as advice on abortion and contraception.⁸⁸ In Hungary, as noted, couples cannot receive a marriage license without proof that they have had "marriage" counseling. This consists mainly of contraceptive counseling, but a further requirement of a month between application for and issuance of a marriage license provides a "cooling-off" period and about 10 percent of couples do not go through with the marriage. This presumably helps to keep Hungary's high divorce rate (a quarter of marriages) from going even higher.⁸⁹ Hungary, as well as Czechoslovakia, also attempts to educate young people for marriage and parenthood along with contraceptive and sex education as part of "family life" or "education for parenthood" courses in schools. Czechoslovakia has also set up a network of marital advisory centers where psychologists and psychiatrists advise couples on marital problems. In 1976, there were some 48 such centers with plans to double the number by 1990.⁹⁰

Sexual attitudes and sex education

Attitudes toward sex and the provision of sex education in schools vary widely among the socialist countries.

In the Soviet Union, official policy on sexual matters and especially attitudes toward teenage sex have tended to remain puritanical. Except for a few experimental classes, Soviet schools have largely ignored modern sex education. Male responsibility for contraception is emphasized and boys receive some instruction in the use of condoms. For girls, sex education is often limited to information about the menstrual cycle.

Public attitudes toward sex are also prudish in Romania and Bulgaria. Modern contraceptive methods are difficult

to obtain; couples are encouraged to marry young and begin childbearing early; and sex education has only begun to be introduced into schools.

At the other extreme, sex education is regarded as an integral part of education in the German Democratic Republic and is obligatory from the first grade through secondary school, backed up by special radio and TV programs, articles in youth-oriented periodicals, and efforts to involve parents in the sex education of their children. A survey of 1975 revealed that one-third of the 16-year-old and two-thirds of the 17-year-old boys and girls interviewed had experienced sexual relations.⁹¹

In Poland, schools are permitted to offer one hour of optional "family life" education per week but negligible percentages of them had done so by the late 1970s according to a survey reported in 1978.⁹² Until recently, however, the Polish Family Development Association attempted to fill the gap by providing sex education materials for teachers, parents, radio, and TV, and operating a telephone "hot line" advisory service, mostly for adolescents.⁹³ Several investigations suggest that 40 to 60 percent of Polish adolescents begin sexual life before age 18.

Czechoslovakia has made a special effort to strengthen sex education in schools since 1970. A recent survey of young married couples found that over a quarter of the husbands and half of the wives considered their sex education to be insufficient or nonexistent, probably because of the high proportion of women teachers who are often reluctant to discuss the subject.⁹⁴ To strengthen sex education programs, a family planning and parenthood section was established in the national Academy of Sciences in 1980.

Hungary launched sex education in schools at the same time that legal abortion was somewhat restricted and contraceptive services strengthened by the October 1973 Decision of the Council of Ministers. Four to six lessons a



A couple in Bulgaria where early marriage and childbearing are officially encouraged.

year are now given in all primary and secondary schools, as well as in universities and armed forces training centers.

Conclusions and Prospects

Eastern European policymakers can take satisfaction in the effect of pronatalist measures instituted in several of the nine socialist countries of the region during the late 1960s and early 1970s. Birth rates did indeed rise where access to legal abortion was restricted and/or young couples were offered substantial cash incentives to have more children. However, the subsequent downturn in fertility in Bulgaria, Czechoslovakia, Hungary, and Romania suggests that policy-induced upturns in fertility are temporary.

Demographic factors alone are likely to keep birth rates low in several of these countries during the 1980s and 1990s. Because of low birth rates in the 1960s, there will be fewer women in the

prime childbearing ages of 20 to 29 in at least Poland, Czechoslovakia, Bulgaria, and Hungary. Also, in countries which still have a large rural population, such as Bulgaria, Hungary, Poland, Romania, and Yugoslavia, continuing urbanization is likely to mean lower national birth rates, because urban fertility is generally lower than in rural areas.

The experience of Bulgaria, Czechoslovakia, Hungary, and especially Romania suggests that the effect of restrictions on access to legal abortion is particularly short-lived. Couples quickly adjust their private behavior, practicing more efficient contraception or resorting to illegal abortion when necessary. Although restrictions on abortion have been publicly debated in recent years, particularly in Poland, no other Central or Eastern European socialist country has followed the 1966 Romanian example of sudden and severe restriction of access to legal abortion. (Theoretically, legal abortion in Romania is not now freely available to women under age 40 and those with less than four children; however, increasing numbers of abortions have been permitted on grounds of "mental health" in recent years.) While availability of modern contraceptives appears to have been manipulated from time to time in some countries, the German Democratic Republic and Hungary have succeeded in popularizing modern contraceptive methods (particularly the pill) as effective alternatives for reliance on abortion.

With pronatalist cash incentives, the main effect appears to have been to advance the timing of first and second births, without substantially increasing the number of third births—the birth that is crucial if national fertility is to remain above the average of 2.1 births per woman needed to replace the population over the long term. In several countries, however, these incentives may have prevented a further decline in the ultimate average family size. But this has been at a high budgetary cost—up to

10 percent of the annual government budget in at least Czechoslovakia. Moreover, to remain effective as pronatalist incentives, the size of the cash benefits must evidently be increased regularly to keep pace with rises in wages and prices and to counteract people's tendency to begin to take them for granted as social welfare benefits. Eastern European governments are also faced with the dilemma of how much women should be encouraged to stay at home to bear and rear future workers when the same women are currently so much needed in the workforce to help meet economic goals.

In sum, the experience of Eastern Europe suggests that policy efforts to influence private reproductive behavior can only be moderately successful so long as living conditions are such that women are determined not to have more than one or two children. It is uncertain if this would also apply in Western Europe where fertility in several countries has now fallen lower than it ever has in most Eastern European countries. While living conditions there may be more conducive to fertility than they are in Eastern Europe, women have come to share the goals of their sisters in Eastern Europe for full emancipation, including fulltime careers away from the home. There is also growing awareness everywhere that the psychological satisfactions of parenthood can be enjoyed by having only one or two children while also attaining a better life style.

The pronatalist economic measures of the socialist countries are fully justified on humanitarian grounds. As Czech demographer Zdenek Pavlik puts it:

"They help to increase the standard of living in specific social groups where it is the most desirable—among young couples with small children, who bear the heavy financial burden. The measures help to compensate for this disadvantage and equalize this group with other social groups."⁹⁵

However, their demographic effect appears to be limited. □

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Henry P. David, author of this *Population Bulletin*, suggests that those interested in reading more about the socialist countries of Central and Eastern Europe browse through the more than 1,000 references, presented in alphabetical order by author in Henry P. David and Robert J. McIntyre, *Reproductive Behavior: Central and Eastern European Experience*, published in 1981 by the Springer Publishing Company (200 Park Avenue, South, New York, NY 10003). The bibliographic entries include many items whose titles have been translated into English along with an indication of the original language.

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